The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-FOUR — NUMBER FIVE

MAY, 1938

The Metropolitan Health Committee of Greater Vancouver

ELIZABETH G. BREEZE

Just about one year ago the Metropolitan Health Service of Greater Vancouver came into being. This marked the culmination of years of planning and effort on the part of several of the leaders of public health in the community. To these far-seeing people had come the vision of an organization broad in scope and policy, co-ordinated and correlated in administration, staffed by trained public health workers with a comprehensive programme which would unite and extend the health service of Vancouver and the surrounding municipalities and be an effective means of furthering a healthful community.

After years of endeavour and after overcoming many obstacles and breaking down many prejudices, their perseverance and determination was rewarded and on November 1, 1936, the necessary agreements were signed and the actual organization begun.

The participating municipalities entering into the Metropolitan Health Service at this time were the following: Vancouver City; North Vancouver City; North Vancouver District; Municipality of Richmond; the University Area (administered by the Provincial Government); District Lot 172 (administered by the Provincial Government). This amalgamation comprised a district of 176 square miles, with a population of 275,736. There are in the Metropolitan area 70 elementary schools, 5 junior high schools, 14 senior high schools, and the University. The school enrolment is approximately 46,000 and the University enrolment is 2,480.

At the time of amalgamation, Vancouver was operating specialized health services under the administration of the City Health Department and the Board of School Trustees. North Vancouver City and District had a combined gener-

alized service and had an established health unit to serve both municipalities. Richmond had a limited health service, but District Lot 172 no health service whatever. The University provided a physical examination for all first-year students and had a public health nurse who also carried on health work in the University area.

The medical staff available consisted of four full-time medical officers and two half-time medical officers. The nurses employed in these various services numbered thirty-four, the majority of whom had public health training. Attached to the Vancouver Health Department was a staff of quarantine and sanitary inspectors. These groups combined, formed the basis of the Metropolitan Health Service. The organization of the Metropolitan Health Service may be summed up as follows:

Controlling Board: The group which administers the Health Service is known as the Metropolitan Health Committee. As in British Columbia the City or Municipal Councils and the School Board are each charged with certain responsibilities regarding the health of the people, it was agreed that each should have representation on the Central Committee. This Committee therefore is composed of representatives appointed by the Councils and School Board of each participating city or municipality, the number of representatives varying in proportion to the population. The Provincial Government appoints a representative for those areas under its control. The Committee elects its own chairmen and other officers from its members.

Finance: The undertaking is financed by definite contributions from the Councils and School Boards of participating municipalities and by grants from the Rockefeller Foundation and the Provincial Government. The grants from the Rockefeller Foundation and the Provincial Government are available for five years only. At the expiration of this period the municipalities will assume full responsibility.

Advisory Committees: As the work of the Metropolitan Health Service is diversified and touches that of practically all health and social agencies in the community, it was considered advisable to form committees to act in an advisory capacity to the staff. The committees are composed of representatives of official and non-official health and welfare organizations, together with the Directors of Divisions, Unit Directors and Unit Supervisors.

These committees cover the following matters: General health; Voluntary service; Medical (professional and technical); Nursing (professional and technical); Dental (professional); Food Control (technical); Sanitation (technical). These Committees are most valuable in bringing to the staff the opinion and advice of experts in various fields. They serve in an advisory capacity only, and do not outline or determine policy.

Administration: the Service is organized under the following Divisions:

Division of child welfare and mental hygiene.
Division of school hygiene.
Division of control of communicable diseases.
Division of food and milk control.
Division of sanitation.
Division of public health nursing.

Each Division is in charge of a fully qualified and experienced director and the various Divisions are co-ordinated through the Senior Medical Health Officer and his assistant. The central administrative office of the Metropolitan Health Service is in the City Hall, Vancouver.

The School Toxoid Clinic

The area is divided into five districts or units, each in charge of a Medical Director specially trained in Public Health and a supervising nurse who directs the staff of nurses allotted to the district. An office is maintained in each unit and a clerical assistant provided. Each staff nurse is assigned to a school or schools as the case may be, and the boundaries of her school district constitute the boundaries for her health district, in which she carries out a generalized public health nursing programme. By this arrangement no overlapping occurs nor is the nurse calling in homes where there are children attending schools in other districts.

Supervisors of Special Services: In order to maintain standards and develop services along indicated lines, the staff includes nursing supervisors for three major services: child welfare, school nursing and tuberculosis. These supervisors, in conjunction with the director of the Division and the director of public health nurses, plan the programmes for their respective services and are responsible for its operation as it concerns the nursing service. They work in close co-operation with the unit directors and supervisors and are available at all times for consultation and for handling special problems. Through them it is expected to standardize and unify the nurses' work throughout the area.

Type of Nursing Service: Prior to the formation of the Metropolitan Health Committee, the public health work within the area, with the exception of North Vancouver, was carried on by various groups as specialized services. Under the Metropolitan, the work has been completely re-organized and a generalized system of public health nursing exclusive of bed side care is being developed.

The Well Baby Clinic

Scope of Work: The programme of the Metropolitan Health Service is entirely one of prevention and education and no curative service is included. Health services of all types as indicated by the various Divisions already mentioned are provided and while in some, only a beginning has been made, plans are under way for further development.

This organization has several rather unusual features which are distinctive and because of which it is considered by some to be more or less of an experiment. The first of these is the controlling board. The Metropolitan Health Committee is composed of representatives of elected bodies, of several municipalities, and its business is to deal with all matters pertaining to the health of the area which it serves. It is well known that in many instances where the health service is one of many activities handled by a board that it often becomes of secondary importance and that the service has suffered. As the maintenance of a health service and the promotion of health is the sole objective of this committee, it is expected that more intensive interest will be stimulated and greater progress made.

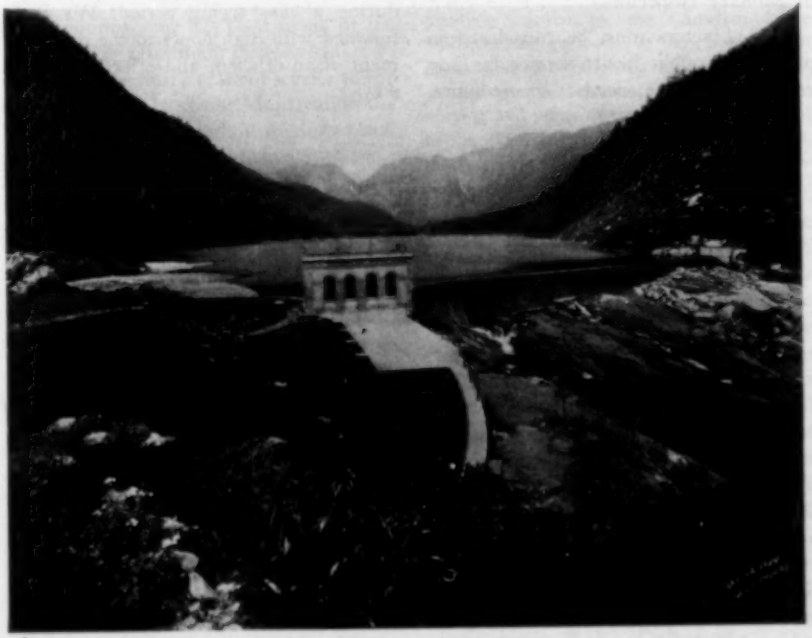
Another unusual feature is that the Metropolitan Area includes urban, suburban and rural districts. Two distinctly rural districts, though differing in type, are part of the area. To handle both urban and rural problems under one administration calls for a broad and flexible organization. While different districts in any city present individual problems which call for adjustments, the difference between urban and rural conditions are even more marked, and more adaptation has to be arranged to meet local situations. The experience so far indicates that it is quite possible to combine such services satisfactorily.

A third outstanding feature is the inclusion of the University Health Service. Health supervision of high school pupils was always a part of the service under the Vancouver School Board, and the decision of the University to become a part of Metropolitan completed the chain of health supervision of children during

the educational period. A continuous physical record card has been in use in elementary and high schools for some time and this is now to be extended to include University also.

Though the Metropolitan Health plan has been in operation for a year, it is still in the formative period. The year has been one of re-organization and adjustment. Many difficulties, attendant on the merging of various services, were encountered. The change from the specialized to a generalized system entailed many adjustments. Certain methods and arrangements which were satisfactory when working under a specialized system were not suitable under a generalized plan and had to be altered. The breaking up of the area into districts and the establishment of district offices made many changes in procedure necessary. Records had to be revised and planned to meet the new situation. The staff had to become adjusted to the new order and system and take up new work. New workers had to be selected and instructed in the detail of the system. Services had to be organized in districts which previously had little or none, and while all these changes were taking place, the usual service had to be maintained.

Our staff now numbers nine full-time medical officers and two half-time medical officers, including the Senior Medical Health Officer and his assistant; forty four public health nurses, including the Director and Supervisors,



Seymour Creek Intake for Vancouver's water supply

two full-time dentists and four half-time dentists and two dental attendants. The Division of Communicable Disease maintains a staff of inspectors in the quarantine department. A staff of sanitary inspectors is also provided under the Division of Sanitation. The Division of Food and Milk Control also maintains a special staff and operates a laboratory. The value of a well trained staff in giving efficient service and in securing results is recognized, and all members are required to have special training for their work. The members of the medical staff must have a Diploma in Public Health. Nurses are required to have a certificate in public health nursing from a recognized University. Inspectors on the Quarantine staff and in the Division of Sanitation and Division of Food and Milk Control are required to hold certificates from the Canadian Institute of Sanitary Inspectors.

Many factors must be considered in planning a public health service for any community. The needs, opportunities, resources and local conditions must be known and considered. To be effective, it must be brought close to the people it aims to serve. An essential factor is close co-operation with other health and welfare agencies and their workers. The whole-hearted support and help of the staff in the development of a co-ordinated programme must be assured. It is with these factors well in mind that the organization in the Metropolitan Health Area is proceeding.

It is much too soon to claim any measure of success for the Metropolitan Service. Certain phases of work have been extended and plans are in mind for improvement and development. Any progress that has been made is due to the careful thought which has been given by the administrative staff to each step taken and to the splendid support and unfailing patience of all members of staff during a very trying period. We look forward with high hopes to the development of an efficient and effective health service.

CANADIANS AT GROOTE SCHUUR

The Cape Times, one of the leading newspapers of Cape Town, South Africa, recently published a beautifully illustrated supplement describing the new hospital, Groote Schuur, of which South Africans are so justly proud. This hospital has a special interest for the nursing profession in Canada because to it have been assigned the Canadian nurses who have recently gone to Cape Town under the auspices of the Exchange of Nurses Committee of the Canadian Nurses Association. Their lines have fallen to them in pleasant places for among other

modern features, the new Hospital possesses a very fine nurses residence, called The Clarendon Home. Accommodation, sufficient for three hundred nurses has been provided at a cost of $750,000, and constitutes the last word in convenience, comfort and beauty.

To the names of the fifteen nurses whose appointments have already been announced in the *Journal* two more may now be added: Miss Margaret C. Green, a graduate of the School of Nursing of the Provincial Royal Jubilee Hospital, Victoria, B. C., and Miss Jean McLeod, a graduate of the School of Nursing of the Royal Alexandra Hospital, Edmonton, Alta. Nurses who would like information concerning opportunities in South Africa should write to the convener of the Exchange of Nurses Committee, Miss Jean E. Browne, 621 Jarvis Street, Toronto, Ont.

Miss Hersey Retires

Announcement has been made of the approaching retirement of Miss Mabel F. Hersey, after thirty years of service to the Royal Victoria Hospital, Montreal, in the capacity of superintendent of nurses and head of the School of Nursing.

There is not, in all Canada, any nurse who commands a greater measure of respect, affection and trust than does Miss Hersey. Throughout the years, she has been the very embodiment of the fine spirit which animates the great Hospital and the School of Nursing she has so unselfishly served. Every member of her staff, every pupil in the School has been touched by an influence which derives its quiet strength from her serene and steadfast character.

Miss Rosa Shaw, in writing of her in *The Gazette*, has made this penetrating comment:

> Honoured and beloved throughout her profession for her unchanging kindliness and her unassuming character, and respected for her high attainments, Miss Hersey has made an outstanding contribution to the prestige enjoyed by the Canadian nurse wherever she goes . . . It may be said that in no other profession have Canadian women atained such eminence as they have in nursing and much of that distinction is owed to the example set by Miss Hersey and the thoroughness of the training she has directed at the Royal Victoria Hospital.

Many honours have come to her. She was president of the Canadian Nurses Association from 1928 to 1930, following upon two years as president of the Association of Registered Nurses of the Province of Quebec. During her term as head of the national body, she was hostess to six thousand nurses from all parts of the world, when the congress of the International Council of Nurses was held in Montreal in 1929. Shortly after that great meeting, Miss Hersey went to London where she was received in audience by Queen Mary at Buckingham Palace. In the King's New Years honours list of 1935, Miss Hersey received the O. B. E. (Officer of the Order of the British Empire, civil division)

and when the Mary Agnes Snively Memorial medals were conferred for the first time, in June, 1936, Miss Hersey was one of the three recipients.

It is quite in character that Miss Hersey should accept all these tributes with modesty and even a delightful touch of humour. They only pleased her because they gave such keen delight to the Hospital, to the School, and to her friends.

Even though Miss Hersey will no longer carry the heavy professional responsibilities of the past thirty years, there is one unique service which she may confidently be counted upon to render. It is not easy to define, in so many words, just what this is, but perhaps the phrase "talking it over with Miss Hersey" expresses it fairly well. Any nurse who was perplexed, or troubled, or disheartened, found it natural to go and "talk it over with Miss Hersey". Nor was this privilege ever confined to her own nurses — many another harassed woman has found in her an excellent judge of character and a wise counsellor. Happily, we may rest assured that her new leisure will justify us in turning to her whenever we stand in need of the sympathy and encouragement which only an understanding and tolerant friend can give.

Alberta Shows the Way

KATE S. BRIGHTY

Superintendent, Public Health Nursing Branch, Province of Alberta

Today, we naturally accept the term "maternity" to imply the circumstances connected with childbirth and the care of the mother and babe at that time. If we could peer into the distant past we could find taboos, magic, and a great deal of superstition associated with the function of childbearing. These strange attitudes and customs have long since disappeared from our civilized countries, and now the out-standing plenitude of a woman's life is the joy in a child that is born.

Let me quote from the Report of the Chief Medical Officer respecting the state of public health in Great Britain addressed to the Minister of Health:

> All warnings about maternal mortality in health reports in the press and on the platform, unless qualified, have one great danger: they may encourage fear, and fear is an enemy of life. There is no need for fear. The number of women who die in childbirth is comparatively small.

The Chief Medical Officer devotes several pages of this Report to the work of the midwife and to midwifery in Great Britain. A midwife means a person trained and certified as being competent to deliver a woman in childbirth. This much abused word had fallen into

disrepute in the past because of the work of unskilled and ignorant women. Today Great Britain has many hundreds of well trained women in midwifery who in many instances are graduate registered nurses who practice midwifery as a particular branch of nursing. This work is carefully safeguarded by a Board and by an Act of Parliament known as "The Midwives Act."

There is also a group of nurses in Great Britain, known as the Queen's Nurses, who in every instance are certified midwives. These act under the direction of a physician, but often work alone in rural centres and humble homes as well as in the densely populated cities. This midwifery service is part of the public health programme, administered under the Ministry of Health and plays a large part in the promotion of maternal welfare.

A similar type of programme in midwifery is conducted in Australia and in New Zealand. Australia has its district nurses in isolated parts of the country, serving small communities. They also have a remarkable Inland Service conducted as a Mission under the Presbyterian Church. This serves the lonely ranchers in the interior. Its stations are equipped with radio and there is a flying service for physicians and nurses. In a report from New South Wales, following an investigation of maternal mortality, the evidence shows the records to be in favour of home confinements as compared with hospitalization.

A splendid programme of district nursing, coupled with midwifery, is also carried on in New Zealand. In the United States authorities are beginning to think along the lines of such service for their people; both in Chicago and New York, physicians and nurses are working out a programme of home deliveries. For several years in the Kentucky Hills the Frontier Nursing Organization has attended mothers and babies in their small mountain homes who are isolated from medical care.

I have mentioned all these services in order to bring you to our Provincial Nursing Service in Alberta. Many of the staff have their roots in the services before mentioned, and have helped to build up something that can safely be said to be an unique programme of maternity nursing in Canada. In 1918, the Public Health Nursing Branch was formed and work commenced by a group of women who were able to lay a foundation for the work that was to follow. In 1919, under the authority of the Minister of Health, a section of this division was formed known as the District Nursing Service, in order to bring maternity nursing to the mothers who live in the outlying parts of the Province away from medical care. It does not take us very long to find ourselves in such places in Alberta and twenty-seven districts have been served.

The work has grown because of the splendid and unselfish service rendered by nurses with training not only in Canada, but as far afield as Great Britain, Australia, the European countries and the United States who have brought a wealth of experience to us in this Province. Among them are the senior members of our staff: Amy Conroy who is known throughout the Province for her lecture work and child welfare clinics; Olive Watherston, known in connection with the Travelling Clinic, who brought back a detailed report on what is being done in Australia and New Zealand. Many in the North know Jessie Hyde who chose Chicago for her additional training and Olga Friefeld who worked through the Russian revolution and can converse with so many of our foreign-speaking patients with ease.

The influence and leadership of these women do much to encourage new members to enter the field.

Wherever a district nurse serves a community the local people provide a house for her and maintain it. They also provide transportation, which at times can be quite varied! The Athabasca and Peace rivers can be both our enemies and our friends. A barn door has been found to make a wonderful raft and when freeze-up comes, there is no trouble about the dog team crossing the river. These nurses bring to the homesteader's cottage, along with their little bags, a quiet word of assurance and commonsense. With the exercise of good judgment, and by virtue of her experience, the nurse often gets her patient out of the district and under the doctor's care and so instead of losing a life, a mother returns to her home with a baby in her arms. You can readily understand what a wonderful thing it sometimes is to reach the telephone and be able to talk the situation over with a physician. The doctors are always ready to give all the assistance possible. Much could be said of this home care for the mother and the influence it has on the entire family; the preparation that everyone can take part in; the looking forward to and planning for the event, and above all, the wholesome attitude that is built up.

I should like to say a word about the women of this Province, who have helped to build up this service, and not only the women but the men also, especially in the rural communities. Their attitude towards the work and their willingness to accept their share of responsibility is simply splendid. Providing a cottage for the nurse to live in is not always an easy matter in some of our districts, to build and maintain it often means considerable self-sacrifice.

This is just a brief description of the service that is being rendered through the Nursing Branch of the Provincial Department of Health to outlying places in Alberta to help in making home deliveries safe for mother and babe. Little is said about it, but Alberta has the distinction of being the only province in the Dominion which has a definite policy which makes provision for supplying this particular kind of nursing service to rural communities. A distinguished visitor to this country has said: "In our country we consider Nature the great worker and healer, we merely serve and assist." Is that not a good thought to dwell upon? Mother Nature is very wise and long skilled in her methods.

THE EDITOR'S DESK

Elizabeth G. Breeze

The sad news of the death of Elizabeth G. Breeze reached the editor too late for any extended mention of it to be made, or for any radical change to be undertaken in the content of this *Journal*. The leading article for this month was written by Miss Breeze in response to repeated requests that she should tell our readers something about the outstanding achievement of her whole career. With characteristic modesty she refrained from saying anything about herself. Indeed there was no need, because between the lines, those who knew her will read the story of a woman, who with untiring patience, courage, and wisdom helped to build up a great project. She rests from her labours and her works do follow her.

Reader's Guide

In spite of preventive measures, poliomyelitis continues to take its toll. Miss Jean I. Masten, head nurse in the surgical division of the Hospital for Sick Children, Toronto, gives a clear and practical exposition of the part which skilled nursing plays in combatting the after effects of this cruel disease. △ Miss Kate S. Brighty is the superintendent of the public health nursing branch of the Health Department of the Province of Alberta. She is also the President of the Registered Nurses Association of Alberta, and an accomplished radio broadcaster. The article published in this issue was originally given by her over the air.

Our Advertisers

Not long ago we were faced with the grim task of reviewing the financial state of this *Journal* during the last two years. One fact emerged which deserves the attention of all our readers. They may thank our advertisers for any improvement which may have been made in our format. The term "format" means the shape, size, and general physical appearance of the magazine, the provision of illustrations and so forth, all of which cost quite a lot of money. It is with the money earned from advertising that these expenses have been met, and the *Journal* has achieved a less lugubrious appearance.

In return for their faith in the potentialities of the *Journal* as an advertising medium, we have tried to give our advertisers what, in the jargon of the trade, is called a "decent break". This means that every month we must spend long days in an agony of suspense, waiting for delayed "copy and instructions", and when at long last these do arrive, the "cuts" frequently do not. Even when we have prayerfully wrestled with the printers, and "proofs" are confidently sent on for approval, last-minute changes are demanded which deepen the furrows on our aching brow. Nevertheless we cherish a sneaking regard for our taskmasters. And we know why, too. It is because they seem to feel that in spite of all its shortcomings, the *Journal* gives them full value for their money.

JUNIOR RED CROSS IN NEWFOUNDLAND

The following excerpts from the annual report of Miss Jean E. Browne, National Director of the Junior Red Cross, make interesting reading:

The most outstanding event of the period under review is the organization of Junior Red Cross in Newfoundland. A few years ago, Mr. L. W. Shaw, Supervisor of Teacher Training in Prince Edward Island, went to Newfoundland in the capacity of Professor of Education at Memorial University College in St. John's. Having been an exponent of Junior Red Cross in Prince Edward Island, he turned to it as an indispensable aid in his teacher-training work in St. John's. Later, he was made General Superintendent of Education for Newfoundland. At this stage, he began to investigate means of organizing Junior Red Cross throughout the Colony. There is no adult Red Cross in Newfoundland. There was a Branch of the British Red Cross during the war, but after the war it was discontinued. Mr. Shaw conceived the idea of organizing Junior Red Cross under the joint aegis of the Department of Education and the Department of Health of the Colony, at the same time using the Canadian programme, form of organization, and literature. The Chairman of the Canadian Red Cross and the Chairman of the National Junior Red Cross Committee gave their ready assent and the two Government departments of Newfoundland made plans to commence work on the opening of schools in September, 1936. The Department of Health released a member of their staff, Miss Hilary Herbert, as an organizer, on the understanding that her salary was to be paid by the Department of Health, and that she should work under the joint direction of the Superintendent of Education and the Chief Medical Officer. The Department of Health also undertook to finance the whole cost of organization.

In order to get Miss Herbert started on this new work, the Canadian Red Cross was asked to send a provincial Junior Red Cross Supervisor for the first two months of the new school year,—to assist in initial organization. Miss Catherine MacLean, Supervisor of Junior Red Cross in Prince Edward Island, was especially asked for, as her competent work was already well known to Mr. Shaw. The Prince Edward Island Division were good enough to allow Miss MacLean to spend September and October, 1936, in Newfoundland. She and Miss Herbert visited schools in many parts of the Colony during this period, with excellent results. At the end of June, 1937, there were 681 Branches and 23,349 members in Newfoundland, very much greater progress than has been made in any province of Canada during the first year of organization.

One very obvious reason of this most impressive year's work is the fact that the heads of both the Department of Education and the Department of Health are solidly behind the movement; in fact, they have initiated it. The one point that might prove a snag has been very carefully safeguarded. Although Junior Red Cross is tied up so closely to Government Departments it is entirely voluntary both on the part of teachers and pupils,—to quite the same extent as it is in Canada.

This organization is an example of the universal nature of Junior Red Cross and its extreme fluidity in fitting itself to existing conditions. I should like to say further that it has been a great pleasure in National office to work with the Newfoundland officials. Their work has been sound and unhurried, and very rich in results.

Miss Browne reports that there are 11,927 branches of the Junior Red Cross in Canada, with a total membership of 364,335. In the three provinces, —British Columbia, Alberta and Ontario—where a modern course of study has recently been introduced, the teachers are turning more eagerly to Junior Red Cross as a practical means of promoting health and right social attitudes. This would seem to indicate that the underlying philosophy of Junior Red Cross is sound and that its literature is keeping pace with modern pedagogy.

Presenting Halifax

MARION F. HALIBURTON

President, Registered Nurses Association of Nova Scotia

Three hundred years ago the mainland of Nova Scotia, was the home of the MicMacs. They were not the ancestors of MacLeods, MacKays, or MacDonalds, but a savage tribe of Indians who fished, hunted and killed one another with simple weapons because they were not civilized. Their god, Glooscap, lived high up on Blomidon, overlooking Minas Basin. He went off in a rage when the white man came—that was how *he* felt about civilization.

As early as 1500 the French had attempted to settle on Sable Island but its shifting sandbars seemed fit for naught but wrecks and wreckage. The Government still keeps a salvage station equipped with men and machinery, on the island. In 1604, the French settled at Port Royal, now Annapolis Royal, and called the country Acadie. For over a hundred years they kept fighting with the British who also wanted to obtain furs and fish, as well as to convert the Indians. In 1621, King James 1 gave the country to his Scotch friend, Sir William Alexander. Of course it was named Nova Scotia (New Scotland) and got by Royal warrant, in 1621, the well known coat of arms and flag of the present day. However, radio and telegraph being what they weren't in those days, news travelled slowly. A splendid victory in the colonies was nullified by a treaty made in Europe before the battle took place, and the victors became the vanquished. Finally the English got hold of the country in 1710, and decided to keep it.

By order of the Lords of Trade and Plantations it was decided that Nova Scotia was to be settled; and a new capital was founded on the shores of Chebucto Bay and was called Halifax, after the President. This was to be the seat of Government and the new Governor, Colonel Edward Cornwallis, arrived in Halifax on June 21, 1749—our natal day. More ships arrived, and over 2500 colonists immediately began to cut down the trees and build homes.

The statue of the gentleman, which stands in the square in front of the Nova Scotian Hotel, is that of Colonel Edward Cornwallis, founder of Halifax, the first town in Canada primarily settled by the British. After a time, the Indians became more peaceful, and now may be seen any Friday or Saturday in the Market. They make baskets, which may be had in a great variety of shape and colour. Haligonians always carry baskets to market.

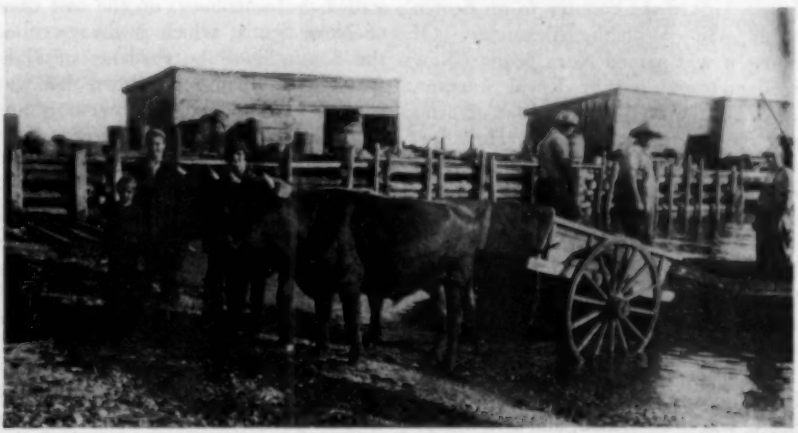
More settlers were needed in the Province so the British Government invited Germans, from King George's kingdom of Hanover. Nearly two thousand came to Halifax, but eventually settled in Lunenburg, on the east coast of Nova Scotia, which is always called the South Shore by residents of Halifax. The railroad going down that way is The Halifax and Southwestern and Lunenburg is the home port of a large fishing fleet.

As Halifax was the seat of the provincial government, a Province House was built to house the various offices. The original building is still used for government sessions though it is 120 years old and many new provincial buildings have been built. The Province House has been the scene of many lively debates. Government House was built in 1820, and is still used as an official residence by our Lieutenant Governor.

The street that the original entrance opened upon became a bit down at the heels, so the driveway was walled up and the back entrance was turned into the front door. Garden parties are held at the back, which used to be the front. Just across the street is a very old graveyard, unused for a century. The candid statements on the tombstones are quite amusing, one even daring to question a doctor's ability.

There are many unique arrangements in Halifax, and the hospital situation is one of them. The Hospital for the City of Halifax was built in 1859. Prior to that date, an almshouse of sorts, and a home for inebriates provided the only institutional accommodation for the sick. In 1887, the Province of Nova Scotia, by shrewd barter with the city of Halifax, acquired the Hospital and, in honour of Queen Victoria's Jubilee, renamed it the Victoria General Hospital. The total accommodation at that time was sufficient for fifty patients, seven of whom could have private rooms. The hospital was surrounded by a high fence and a bull dog was installed to protect the property. Both have long since departed. A clean and plentiful supply of milk was insured by keeping a herd of cows. The milking was done by the ambulance driver. The ambulance was a source of great pride, and was described as "a covered vehicle especially constructed to convey the sick in a recumbent position." Its gong sounded ominously as the horse hurried along.

In 1890, the Victoria General Hospital started its training school for nurses, the first in Nova Scotia. Six nurses graduated in 1892. Now thirty graduate each year. Although the Hospital is located in Halifax, it is owned by the Province, and comes under the authority of the Provincial Department of Public Health. Any doctor in the Province may send his patients to the public wards. The private pavilion accommodates sixty-seven patients and the remaining 185 beds are for public patients. Six thousand patients are admitted year-



A typical Nova Scotian scene

The breaking wave

ly. Miss Strum, the superintendent of nurses is a direct descendant of early settlers, and is therefore a real Nova Scotian. There is no outdoor service. This may be accounted for by the fact that as early as 1855, the Dispensary already existed for the care of the indigent poor. This institution had four attending physicians, three visiting physicians, and a dentist and an apothecary who was one and the same person. A morgue was located in the basement.

Next to the Victoria General Hospital is the provincial pathological laboratory. Its immediate neighbour is the Childrens' Hospital, founded in 1901 with sixteen beds, and a present bed capacity of eighty. It is maintained by endowment, public subscription, and a government grant. There is no outdoor department, but across the street is the Dalhousie Health Centre, to which the student nurses of the Hospital go to get experience in the various clinics.

Immediate neighbour to the Childrens' Hospital is the Tuberculosis Hospital, owned and operated by the City Health Board, which also owns and operates the next building, the Infectious Diseases Hospital. This hospital block is rounded out by a fire station. Now that is what I consider an uncommonly canny arrangement!

In the same block, but across the street, is the Dalhousie Dental School and Dental Infirmary where the embryo dentists work under supervision, and for a scant charge. The Health Centre, commonly called the "Clinic", is where the Dalhousie medical students are given their clinical experience, and the City's poor get the best of care and treatment for nothing. The Health Centre has enough activities to make a story all its own. The Dispensary now has its location in the Health Centre, but still functions as a separate unit. Grace Maternity Hospital is next to the "Clinic" and further along the street is All Saints Cathedral. There are therefore facilities for being married, born, and having a variety of diseases all within a very short distance of one another.

In 1886, the Waverly property was taken over by the Sisters of Charity and used as a Home for Aged Women. One

of the old ladies developed a surgical condition and refused to go to a hospital, so the Sisters turned their Community room into an operating room and the patient made a good recovery. Thus the Halifax Infirmary came into being. There were many financial difficulties. Stretcher cases had to be carried up two flights of stairs and instruments were sterilized in the kitchen. The staff were on duty day and night, trying by hard work to compensate for lack of equipment. In 1933 a new ultra-modern hospital was built and the Infirmary now graduates twenty-four nurses each year and is the only hospital in Nova Scotia with the eight-hour day. This has been in practice for two years, and seems satisfactory. Indeed a contrast to the hours of fifty years ago!

There are many other interesting things about Halifax. It was once a summer station on the Atlantic for the British Navy, as well as a garrison town for a British Regiment, with an Admiral and a General in residence. The regiments were changed every five years and during their stay they made many friends. When they left there was much lamentation. "That's five times them Dockyard gates has made a widow of me" sobbed one sad soul, as the troops marched to the waiting transport. When the Canadians took over the garrison the local people were quite amused to see soldiers from the inland provinces tasting the sea-water to see of it were really salt.

We Canadians have a lot to learn about one another, and the people from our Provinces sometimes seem as though they came from different countries. Come to the Biennnial Meeting of the Canadian Nurses Association and see what it feels like to have the Atlantic at your front door.

REFRESHER COURSE

The School of Nursing of the University of Toronto is planning a refresher course for registered nurses who are interested in communicable disease nursing. This course will be given May 18, 19, 20, and 21, in the School of Nursing, University of Toronto. The course will consist of lectures, discussions and demonstrations. No credits will be given for this work nor will any certificates be awarded. The fee will be $5.00. Applications should be addressed to the Secretary, School of Nursing, University of Toronto. The programme will be based on a study of communicable disease nursing, including acute communicable disease, tuberculosis, syphilis and gonorrhoea. Preventive and clinical aspects will be considered under the following heads; *Lectures*: The medical point of view regarding current practice in (a) acute communicable disease, (b) tuberculosis, (c) syphilis and gonorrhoea, with a consideration of administrative procedures relative to each.

Round Tables: A discussion of nursing problems connected with these diseases as they relate to both the patient and those in contact with him.

Demonstrations: Nursing care in acute communicable disease in home and hospital.

Nursing Care in Poliomyelitis following Isolation Period

JEAN I. MASTEN

Head nurse, Surgical Division, Hospital for Sick Children, Toronto

In considering the nursing care of poliomyelitis after the three weeks isolation period, it is essential to take a long view, and from the first to plan the whole treatment of the patient on a basis that will be workable for many months. One may conveniently consider the treatment in three aspects: (1) the actual bedside nursing care; (2) the physiotherapy treatment; (3) the mental hygiene aspect.

The Bedside Nursing Care: The average patient at the end of three weeks is quite convalescent and requires only general simple nursing care, with the addition of special supervision of certain definite problems. It is usual for the patient to be placed on a Bradford frame and fitted with such splints as are necessary—this is the first and fundamental treatment, and all the rest is based on the patient's requirements and limitations arising from this primary situation.

Pains in the Limbs: These pains seldom last more than two or three weeks, though in some instances they continue for a longer period, and because movement is thusly restricted, induce a considerable degree of joint stiffness. The pain is of a neuritic character, and may be very severe. Sedatives are often ordered, and it relieves the pain to remove the splints and rub the extremities at frequent intervals. These pains gradually disappear and do not recur.

The Skin: Owing to the immobility of the patient and the poor circulation, both the general and local condition of the skin is a real difficulty. It tends to become dry, harsh and inelastic, and to counteract this the arms, legs and back may be rubbed after the bath, with an emulsion of cocoa butter or cocoa nut oil with alcohol. The butter is melted by standing the bottle in warm water, and the cocoa nut oil mixes readily. This mixture lubricates and softens the skin, and is more satisfactory than olive oil or cold cream, as it is not so greasy, is not absorbed by the splint leather, and does not become rancid.

To prevent undue pressure on the back, the ordinary air-ring may be used, but a piece of sponge rubber (Dunlopillo) about 7″ x 7″ or larger, either plain or with a circle cut out, is much more comfortable for small children and relieves the pressure sufficiently.

Pressure sores tend to develop where the splints end at the elbows and especially at the heels. These may arise in two ways: (1) From definite pressure against the limb from the splint, which therefore requires to be bent downwards. (2) It is possible for a patient who has slight muscle power, especially in the plantar flexors, to push against the foot piece of the splint, and move his leg up and down in the splint. The friction of this small movement causes soreness and blisters but a bandage will

sometimes prevent the shifting, if put on with a clove hitch. This difficulty is especially common in young children.

Naturally, prevention is what is aimed at, and if the foot can be removed from the splint and well rubbed several times a day and during the night, the dangers of pressure from straps and from one long-continued position, may be averted. Many surgeons do not allow any additional form of padding to be put in the splint in an attempt to relieve pressure, as they feel the efficiency of the splint is thereby spoiled. Consequently, if a pressure sore does develop, it has seemed best, with the surgeon's consent, to remove the splint for a day or more, meantime keeping the foot in the corrected position with sandbags and eliminating the weight of the clothes with a cradle.

Reddened heels may be treated by rubbing them with alcohol, or better still, by a small dressing of Lassar's paste. This is composed of zinc oxide, olive oil, and salycilic acid, and has proved quite useful. The serious cases have had to be treated as any infected wound, by saline baths, followed by some form of dressing such as hygeol in glycerine, or scarlet red ointment. Owing to the poor circulation to the part, these areas are quick to break down and very slow to heal. When available, treatment by ultra-violet light is helpful in hastening the recovery.

Elimination: Over and above the attention ordinarily paid to elimination, a special problem here arises to be dealt with. Many of these patients have a considerable degree of paralysis of the abdominal muscles, and, therefore, there is a sympathetic diminution in the tone of the intestinal muscle coat, causing stasis and impaction, high up in the bowel.

These patients do not behave like an ordinary case of constipation. They may be having one or even two apparently normal evacuations a day, but suddenly develop a gastric or intestinal upset, with vomiting, crampy pains, and loss of appetite. An ordinary simple enema seldom produces relief, but an oil retention enema is usually effective and a very hard constipated mass is evacuated. This problem was solved by giving a half to one ounces of liquid paraffin, night and morning.

In connection with this point, there is the question of diet. This should be simply the food to which the patient is accustomed, but, naturally, in smaller amounts with plenty of water, fruit and fruit drinks between meals. Children require a quart of milk a day, part of which may take the form of milk soups, cocoa and cream sauces. With the doctor's consent, a teaspoonful of cod liver oil twice a day is valuable for these patients.

Splints and Frames: Customs and opinion differ regarding the methods of employing Bradford frames. In some hospitals the ends of the frame are placed on boxes or tied to the head and foot of the bed, leaving the centre free; in others the frame is placed flat on the mattress. One of the advantages of the frame is its portability—the patient may be taken from room to room, and outdoors, without disturbing the correct position.

Both splints and frames require supervision especially as time goes on; the rope in the frame may slacken, allowing the canvas to sag, and must be tightened if this occurs. After a period of months a child may outgrow the frame which originally suited him, and similarly the splints may become too small or require adjustment. The nurse is often the only person to see these cases and advise them between visits to the clinic, if they live in the country.

The stock splints provided by the Ontario Government are of light construction and may be rather easily broken, the webbing straps become soiled and worn through, and the sponge rubber become detached from the pads. All these things are easily repaired. The government splints are attached to the frames by clamps, and it is very important to keep the screws tightened, as the splint swings out of position when they are loose. It has also been found advisable to raise the head of the frame one or two inches, as adults and older children tend to shift upwards in bed and push their shoulders out of position, thus destroying the alignment of arm and splint.

The time that the splints are removed each day is governed by the surgeon's orders, according to the degree of recovery in the affected muscles. It is usual, in the early stages, to remove the splints only for bathing, massage, and an occasional rub during the twenty-four hours. While he is out of the splints, great care should be taken to avoid positions which would overstretch the weakened muscles. The feet should be supported, and the arms crossed under the forehead, when the patient is turned on his face.

Pillows are used as ordered by the surgeons. Patients with weak abdominal and neck muscles may require one or two as treatment, others may be allowed one for comfort, others none.

Physiotherapy: The physiotherapy treatment of these patients continues as long as there is any possibility of recovery of muscle function, and should be regular and frequent. The mother may be trained to do a great deal, but should be under the supervision of a physiotherapist. In her anxiety to do all she can, there is great danger of over-fatiguing the muscles by too much treatment.

Opinions vary as to the forms physiotherapy should take. These may include massage, passive movements, muscle re-education, galvanism, diathermy, radiant heat, whirlpool baths and exercises in a pool. But whatever mechanical means are employed, the principles and ultimate objects remain the same, that is:

To maintain circulation to the part, thereby preventing trophic changes and as far as possible obviating atrophy.

To maintain normal joint movement and prevent the formation of adhesions.

To prevent stretching of the paralysed muscles by gravity or by overaction of the opposing group.

To re-educate the affected muscles as power returns.

There is no doubt that these treatments mean a great deal in maintaining the patient's morale, in addition to the physical benefit. It is a real event in the day for the patient to have a limb which for so many hours remains immovable in a splint, taken out, massaged, put through its full range of passive movements, and then, for a few seconds, himself to attempt to contract the affected muscles. The encouragement and stimulus of these treatments is of the greatest value during the long and rather uneventful months of recovery. That the patients themselves feel this, is examplified in the letters home, where even children of ten write to say how much they look forward to the treatments.

Mental Hygiene: This important aspect of the work requires definite planning. A very interesting scheme was drawn up for the Ontario Orthopaedic Hospital by Dr. Griffin of the Canadian National Committee for Mental Hygiene, and while it referred especially to children, it is equally true for the older patients. The aims were laid down as follows:

It is the belief that in view of the long convalescent period facing these children, the supervision of their mental health and activities is exceedingly important. One of the chief purposes of the hospitalization period should be to teach these children through educational, recreational and social supervision to face the future with equanimity. They must learn to profit from their long period of idleness by learning healthy mental attitudes as well as useful educational and creative skills. In short, the duty of the hospital should not be only to reduce physical crippling to a minimum, but to prevent the development of any mental crippling.

The hospital programme endeavoured to include only such habits, treatments and recreation as could easily be carried out later in the homes, so that the established routine was transferable. "The whole programme of training must be calculated to encourage him to be cheerful and optimistic. He must be helped to avoid self-pity by directing his thoughts toward all the grand things he can accomplish during his stay in bed."

Activities included music, moving pictures, reading and occupational therapy in its broadest sense. Patients, with both arms in splints, can still read to themselves when provided with adjustable bed tables, and for patients with even one arm available, the occupations are numerous.

As a particular instance of the value of this project, one may cite the children in the Orthopaedic Hospital when it was carried into effect. The patients ranged from two to eighteen years, divided into age groups, the tone of the wards was excellent, and everyone who visited the hospital was struck by the exceptionally contented and happy attitude of the children, who appeared unusually alert and responsive, and quite unconcerned about their splints and frames. Undoubtedly the interwoven recreational and educational programme was largely responsible for this attitude.

A great number of patients upon discharge from hospital, go to homes where the mother carries the whole burden of the household, and if an arrangement can be made for her to come to the hospital for a day or so to receive instruction and actually practise the various nursing procedures which she will have to carry out, her fears and problems can be greatly reduced. During this time, apart from the demonstration, many suggestions can be made by the nurses in the ward, and the hospital health service, to meet special difficulties, and by talking to groups and individuals, the mental health attitude of both parents and child can be stressed and applied practically. This is also an opportunity to specially mention the placing of the bed in the room at home, so as to procure good light by day and night, thus avoiding glare and eye strain; and the necessity of adequate warmth for the arms and legs in splints.

The actual nursing procedures are an essential groundwork for the recovery of the patient, but the other aspects of the after care are so intimately interwoven with his general welfare that to enable him to take his place again in life, he requires all that this triple programme can offer. If by its early and continuous application the tragic after-effects of past epidemics of poliomyelitis can be prevented, each detail is surely worth infinite precision and patience.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Executive Committee

The March meeting of the Executive Committee, Canadian Nurses Association, was held in Regina, Saskatchewan. Those attending were: The President, Miss R. M. Simpson; Miss Edith Amas, Saskatoon; Miss Ann Morton, Weyburn; Miss A. F. Lawrie and Miss Helen Jolly, Regina; and the Honorary Secretary, Miss Elsie Wilson, Winnipeg.

The Auditor's Statement for 1937 was received and satisfaction was expressed of the financial situation, particularly in view of the heavy commitments the Association has in connection with community nursing service bureaux, as authorized by the General Meeting in 1936. The reports of the programme and arrangements committees indicated that plans for the General Meeting are well advanced. The Executive expressed its appreciation of the favorable reports received from the publications committee and the editor and business manager of *The Canadian Nurse*.

The Sections reported progress in their plans for the General Meeting in Halifax. The Private Duty Section is continuing its study of the eight-hour day and additional centres report the adoption of the plan.

The Provincial Associations submitted interim reports.

In *Alberta*, Miss A. J. MacLeod, director of the School of Nursing, University of Alberta, has been appointed by the Senate of the University as the representative of the Alberta Association of Registered Nurses to the Inspection of Schools of Nursing Committee.

The Registered Nurses Association of British Columbia reported that special work was being done by its Committee on Dominion Registration.

The Manitoba Association of Registered Nurses has approved the raising of the pass mark for registration examinations to sixty; also, a paper on anatomy and physiology is to be added to these examinations. A large enrolment is anticipated for the Summer School Course.

The New Brunswick Association of Registered Nurses has under consideration a new Bill for Registration of Nurses.

In *Nova Scotia*, the registrar of the Registered Nurses Association has a survey of the Schools of Nursing under way. Arrangements for reciprocal registration have been completed with Newfoundland.

A special study of the plan for Dominion Registration has been arranged by the *Registered Nurses Association of Ontario*, whereby a member of either the National or provincial committee was to visit each district before the annual meeting in April. A survey was made during March in order to obtain further information in regard to "nursing service among the non-hospitalized sick."

A report of the annual meeting of the *Association of Registered Nurses of the Province of Quebec* stated that the meeting was most interesting and successful; the attendance was the largest on record.

The Saskatchewan Registered Nurses Association has undertaken a study in regard to nursing conditions in hospitals throughout the Province. Refresher courses for nurses have been held in Regina and Saskatoon.

The Florence Nightingale Scholarship

The Executive Committee of the Canadian Nurses Association has approved the decision of the Scholarship Award Committee in selecting a candidate for the scholarship offered by the Association. The Florence Nightingale Memorial Scholarship for 1938-1939 is awarded to Miss Bianca Mary Beyer, of Toronto, a graduate of the School of Nursing of the Toronto General Hospital, Class of 1927.

This scholarship provides for a year of study in the International Nursing Courses offered by the Florence Nightingale International Foundation and maintenance at the Florence Nightingale International House, in London, England.

Miss Beyer has selected the Course for Nurse Administrators and Teachers in Schools of Nursing.

General Meeting

All sessions of the General Meeting of the Canadian Nurses Association will be held in the Nova Scotian Hotel, Halifax, from July 4 to 9, 1938. The programme was published in the April number of the *Journal* and large supplies of reprints have been sent to the Provincial Associations.

The programme is devoted chiefly to the presentation of studies and developments thereof to certain recommendations in the Report of the Survey of Nursing Education in Canada (1932), namely: the establishment and conduct of community nursing service bureaux (see the *Journal*, February 1938) and the reorganisation of nurses' registries; (2) Dominion registration for nurses, a proposed plan for which may be found in the *Journal* for February 1938; (3) a standardized curriculum for schools of nursing. Over nine hundred copies of A Proposed Curriculum for Schools of Nursing in Canada have been distributed for study and application in approved schools of nursing since the General Meeting in 1936. Reports will be made also on other projects in which the Association is engaged.

Two evening sessions are to be held. The customary banquet is scheduled for Tuesday, July 5, while on Friday night, July 8, following an interesting programme, a reception is arranged which will be honoured by the presence of Miss Effie Taylor, President of the International Council of Nurses.

Latest reports from the Arrangements Committee indicate that the nurses of Nova Scotia are making every effort to provide their colleagues from the other provinces with many conveniences as well as means for entertainment.

Alumnae and other groups are asked to communicate with Miss G. E. Strum, Victoria General Hospital, who will make arrangements for any special functions. It is proposed that these functions be held on Wednesday, July 6, from 5 p.m. As the City of Halifax adopts daylight saving time, shore picnics, (weather permitting) are suggested.

A luncheon, followed by the annual meeting of the Overseas Nursing Sisters Association of Canada, is scheduled for Wednesday. Miss Laura Hubley, National President, is in charge of these arrangements.

Suggestions regarding travel arrangements to Halifax will be found in the April number of the *Journal*, page 195. Those who wish assistance in securing reservations for accommodation may write to Miss Catherine Graham, 60 Seymour Street, Halifax. Religious Sisters should write to Sister Anna Seton, Halifax Infirmary. Weekly passes, which cost $1.25, are issued for use on the street cars in Halifax; also, five tickets for $1.00 are procurable for taxi fares anywhere within the city limits.

INTERNATIONAL NURSING COURSES

The Florence Nightingale International Foundation has issued the Calendar 1938-39 for the International Nursing Courses.

In future, an additional subject, Nursing Education, will be available for selection as well as those subjects now contained in Group A: which include Public Health Nursing; Family Case Work; Principles of Hospital and Training School Administration. Nursing Education is intended for nurses who wish to prepare themselves for teaching in schools of nursing. The course will include lectures on Training School Administration and Principles of Education and Methods of Teaching. The practical work connected with this course will be carried out in selected training schools under the guidance of the Sister Tutors. The lecturer in Methods of Teaching will direct the practice teaching classes.

Students who make application for special courses outside the curriculum are requested to state specifically the nature of the study they wish to undertake and their exceptional qualifications for this study.

Recently the University of London approved the International Nursing Course for recognition and students taking the full course will in future be eligible for registration as Associate Students of the University of London.

NIGHTINGALE MEMORIAL FUND

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

Alberta

A.A., Calgary General Hospital	$10.00
Graduate Nurses Association, Calgary	10.00
Overseas Nurses Club, Edmonton	10.00
A.A., Royal Alexandra Hospital, Edmonton	10.00
A.A., University Hospital, Edmonton	10.00

British Columbia

Nursing Staff, St. Luke's Hospital Powell River	10.00
Nursing Staff, Kelowna Hospital	16.00
Trail Nurses	7.20
Nanaimo District Graduate Nurses Association	10.00
Nursing Staff, Shaughnessy Hospital, Vancouver	6.00
Overseas Nurses Association, Victoria	3.00
St. Eugene School of Nursing, Cranbrook	$5.00
Nursing Staff, Mission Memorial Hospital	1.25
Graduate Nurses Association, New Westminster	25.00
Science Girls Club, Vancouver	15.00
Overseas Nurses Association, Vancouver	10.00
Nursing Staff, Jubilee Hospital, Vernon	5.00
A.A., St. Joseph's Hospital, Victoria	5.00
Nursing Staff, Royal Jubilee Hospital, Victoria	12.00
Student Nurses, Royal Jubilee Hospital, Victoria	20.00

Manitoba

A.A., Winnipeg General Hospital	100.00

New Brunswick

New Brunswick Nurses	140.00

Ontario

A.A. McKellar Hospital, Fort William	10.00
Staff Nurses, General Hospital, Hamilton	14.50
Student Nurses, University of Ottawa School of Nursing, Ottawa	10.00
Student Nurses, Ottawa Civic Hospital, Ottawa	45.00
Florence Nightingale Club, Renfrew	5.00
A.A., Public Hospital, Smiths Falls	5.00
Staff Nurses, Ontario Hospital, New Toronto	8.30
A.A., Women's College Hospital, Toronto	5.00
A.A., St. Joseph's Hospital, Toronto	10.00
Graduate Staff and Students, Hospital for Sick Children, Toronto	38.00
A.A., Toronto General Hospital	100.00
Overseas Nursing Sisters Association, Toronto	10.00
A.A., Grace Hospital, Windsor	10.00
A.A., Hotel Dieu, Windsor	10.00
Florence Nightingale Association, Windsor	5.00

Quebec

A.A., The Montreal General Hospital	60.00

Saskatchewan

A.A., Saskatoon City Hospital	5.00
Graduate Nurses Association, Prince Albert	5.00

THREE WAYS TO THE SEA

Having reached Montreal on your way to the sea, the question is which way onward—by rail, road or water? Fast trains, with air conditioned cars, leave Montreal several times a day for Saint John and Halifax. If travelling by the Canadian National Railways, "The Ocean Limited" steams out into the night along the south shore of the St. Lawrence to Mont Joli. There it turns south, through the beautiful Matapedia Valley, which can be viewed from the wide windows of the dinner at breakfast time, skirts the shore of the Baie de Chaleur, on through New Brunswick to Moncton, over the Tantramar Marshes, into Nova Scotia and finally arrives in Halifax in the late evening. The Canadian Pacific Railway follows a different route, through Maine and New Brunswick to Saint John, from thence a two-hour sail over the Bay of Fundy, and via the Dominion Atlantic Railway trains from Digby through the great fruit-growing districts and the Land of Evangeline to the terminus at Halifax. Either way is very pleasant —and just long enough to be restful.

"The Ocean Limited"
Courtesy of Canadian National Railways.

In these days of better roads, travel by motor presents a growing appeal. There are several routes and one might go one way and come back another. A

friend, who has done it, has these suggestions to make:

Montreal to Quebec along the North Shore. Perhaps spend the evening sightseeing, and stay over night in that historic city. Ferry across the river to Levis and follow the south shore of the mighty St. Lawrence to Rivière du Loup where you will be ready for a good meal at the hotel. On to Mont Joli, and south through the far-famed Matapedia Valley to the town of Matapedia, with a possible overnight stop in the heart of a beautiful district. A few miles onward to Campbellton, where your watch goes forward one hour to Atlantic time. Skirting the Baie de Chaleur, one sees across the water the hills of Gaspé rising dark and mysterious in the distance. On and on, south into New Brunswick through Dalhousie, Bathurst, Newcastle, across the Miramichi River to Chatham, Moncton, Shediac, (a bit off the main road but with a particularly delightful Inn) Sackville, or Amherst. Any of them would be good places to spend the night. Then to Halifax, the whole trip easily covered in four days or less.

For the return home, try the Land of Evangeline route to Digby, cross Fundy by steamer, car and all, to Saint John. By the way, it is worth seeing how these ships and piers accommodate themselves to the rise and fall of a thirty foot tide twice in twenty-four hours. From Saint John, pretty much as the crow flies, through New Brunswick, Maine, New Hampshire and the White Mountains, Vermont and to Montreal, or on into Ontario. One could reverse this itinerary by coming via the United States and returning the St. Lawrence way. In this case, a side trip around the Gaspé Peninsula would be delightful.

Last, but by no means least, if you have the time and love the water, consider the delightful sail down the St. Lawrence, a side trip up the Saguenay, on across the Gulf, a whole day out of sight of land, with later glimpses of the Bird Rocks and the lonely light houses of the Magdalen Islands. Then rounding the northermost tip of Cape

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Breton to Sydney. The trip might be made on the sturdy little "Belle Isle"—ask the Newfoundland-Canada Steamships, 315 St. Sacrement St., Montreal, for information. While at Sydney, a trip to Louisbourg would be of interest. Finally on to Halifax, a day or night trip by train, or with luck, perhaps the little boat from Sydney through those inland salt lakes called Bras D'Or, or Arm of Gold, boarding the train at Point Tupper on the Strait of Canso. Sometimes it is possible to get passage on a freighter or other ship at Montreal direct for Halifax. Inquire at the steamship offices.

Did we say three ways to the sea? What of a fourth? We have not tried it ourselves but would any one care to make history by blazing the way by *air* to a meeting of the Canadian Nurses Association? A. E. F.

CORRESPONDENCE

Australia—and Alberta!

I was interested to read in *The Canadian Nurse* that "the present nursing situation in England is worth careful study. There may be no exact parallel in Canada, but there are some striking resemblances and contrasts." I should like to point out a few facts which should be taken into consideration in comparing standards of nursing in Canada with those in any other country and which seem to me to be usually ignored. There are two points of view in regard to standards of nursing: (1) The standard of nurses turned out from training schools; (2) The standard of nursing available to the public.

Recently I spent three days at a hospital and nurses convention in Edmonton, where the subject of the standards of both was much under discussion, and any visitor would feel that our standards were quite high. Yet no mention is made of the fact that we have in Alberta a number of "so-called hospitals" which do not conform to any of the standards which were under discussion.

Last year I spent three months in Australia and relieved a Bush nurse for one month. I also spent a week visiting other centres with the supervisor and so saw a good deal of service in the rural areas. They have no hospitals corresponding to our "so-called hospitals", neither do they need them. Small hospitals abound, but all have a graduate nurse in charge who, if maternity cases are taken, must also have had nine-months midwifery training. Seventy Bush nurses in New South Wales fill the needs in more sparsely settled areas and, with their midwifery and Truby King training, are well equipped for their work. Under-

graduates, or nurses with only their midwifery training, are to be found in some of the smaller hospitals but always with a graduate nurse in charge. We in Alberta pride ourselves that no undergraduates are employed in hospitals other than training schools, forgetting or possibly quite ignorant of those "so-called hospitals" which are not even inspected by a graduate nurse. Surely it would be better if the undergraduate and practical nurses were employed in a larger hospital in a subordinate capacity, and the small hospital were staffed by at least one graduate nurse.

What is the standard of nursing in Canada in 1938? To answer this honestly our unqualified nurses must be taken into consideration—and our un-nursed public—and I feel strongly that the public in New South Wales is better served than the public in Alberta. Though there is no set-up for public health training as we have it, and no university degree in nursing, there are far more child welfare and pre-natal clinics available to the public and the nurses in charge are better equipped with their Truby King and their midwifery training than we are with our public health course. I saw no such highly developed health centres as we have in two towns in Alberta with university graduate nurses to assist the doctors. But all rural schools are visited by a doctor and a dentist, and all children up to the age of ten have free dental treatment.

Another interesting comparison I made on my travels was at Singapore. Here child welfare has been wonderfully developed within the past ten years. A clinic, which I visited with the supervising English sister, had a resident Chinese nurse with a three-year training and six months midwifery, and a Chinese midwife with one-year training who could not read or write. This last little lady I accompanied on two post-natal visits and her work was excellent. There are still the old native midwives who have no training but they are being gradually eliminated and those remaining are encouraged to attend the clinics for advice for their patients and for practical instruction in their work. What have we done in Canada for the Indian midwife, or the mother of young chil-

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For further particulars write to:

Miss C. V. Barrett, R.N.
Supervisor,
ROYAL VICTORIA MONTREAL MATERNITY HOSPITAL
Montreal, Canada

ROYAL ALEXANDRA SCHOLARSHIP

The Alumnae Association of the School of Nursing of the Royal Alexandra Hospital, Edmonton, offers a Scholarship to a graduate of this School who is in good standing in the Association. The sum of $250.00 will be provided if the applicant proposes to take a post-graduate course in a University. If the course is to be taken in a Hospital, the amount available is $125.00. Application forms may be obtained from the Scholarship Committee at the Royal Alexandra Hospital, Edmonton, Alta. Applications will be received until June 1, 1938.

dren? Education along these lines would be of more value than getting Indian children through the eighth grade.

Perhaps after sixteen years in rural Alberta my point of view is probably more public than professional!

Olive F. Watherston,
Provincial District Nurse,
Breton, Alberta.

Unprofessional Conduct

In the March issue of *The Canadian Nurse* an article was published entitled "Unprofessional Conduct". Personally I agree with the writer. Unprofessional conduct on the part of a nurse, whether she be on or off duty, reflects more unfavourably upon the ideals of the nursing profession than upon the standing of the individual nurse. The good reputation of any profession is dependent upon the conduct of its members.

It is also true that we, as nurses, are compelled to live up to more rigid rules and regulations than members of other professions if we wish to maintain the standard given us by our pioneers in the field of nursing. No nurse can expect the public to be convinced by her ideas of right living, as she teaches them, if she, herself, does not live up to them and it would be impossible for her to meet all classes of people, in sickness and in health, at all hours of the day and night, if she is not at all times prepared to do so.

Any nurse who cannot live up to the standard given us by the pioneer nurses is not a credit to the profession, or to herself, or to the community in which she lives. Perhaps the greatest rule ever laid down for human conduct, professional or non-professional, is "The Golden Rule", Matthew 7-12. We cannot afford to let the standard of nurses sink to the level of 1800 A.D.

Delma Wilkins, Reg. N.,
Annapolis County, N. S.

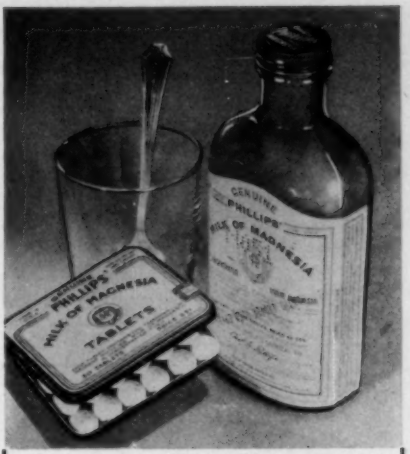
NOVA SCOTIA ANNUAL MEETING

The Registered Nurses Association of Nova Scotia will hold its annual meeting at New Glasgow on June 2 and 3, in the auditorium of the New Glasgow High School, on St. Albert Street. A banquet has been arranged at the Norfolk Hotel for Thursday evening, June 2, when it is expected that a guest speaker will deliver an address. Another pleasant event will be a tea and drive to the Green Hill Look-off and Museum. This is a famous beauty spot in Pictou County. The convener of the committee on arrangements is Miss Pearl MacDonald.

RACIAL REALISM

Miss Margaret Lawrence, newspaper woman and author of "The School of Femininity", gave an address entitled "Twentieth Century Women" at the annual dinner of the Alumnae Association of the University of Toronto School of Nursing recently held in Toronto. Miss Lawrence traced the growth of feminism through the nineteenth century to the present, and showed the link between it and the democratic ideal, which is in considerable peril to-day. In a comparison of the principles of democracy and dictatorship, Miss Lawrence pointed out that the ideology of totalitarian systems is very hard on women. She expressed the hope, however, that the fundamental racial realism of women would bring back to them an enthusiasm for their own cause and that of the race.

Mrs. G. W. Hanna, president, welcomed the students of the graduating classes, both post-graduate and undergraduate, who were guests of the Alumnae Association on this occasion. The director, Miss E. K. Russell, spoke briefly, with special reference to developments within the school during the past year, and thanked the Alumnae Association for continuing evidence of its loyal co-operation and support.—D.M.P.



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*Cushny, Arthur R., A Textbook of Pharmacology & Therapeutics, 10th ed. revised by Edmunds and Gunn, Lea & Febiger.

VICTORIAN ORDER OF NURSES

Transfers:

Miss Mary Chepesiuk has been transferred from the Sudbury staff to Cobalt as nurse-in-charge; Miss J. MacKinlay has been transferred from the Dartmouth staff to the position of nurse-in-charge at Sackville; Miss Marguerite Northrup has been transferred from the Halifax staff to New Glasgow as nurse-in-charge; Miss Mary MacIlveen has been transferred from Digby to Lachine; Miss Marion Spence has been transferred from the Border Cities staff to take charge of the newly-opened Leamington, Ontario, branch.

Admissions:

Miss Martha Earle has been admitted to the Hamilton staff; Miss J. L. Cunningham has been admitted to the Dartmouth staff; Miss Harriet Brydon has been admitted as nurse-in-charge at Digby.

Resignations:

Miss Bertha Waldron has resigned from the Cobalt branch; Miss Jessie Hart has resigned from Sackville; Miss Orpha Bush has resigned from New Glasgow; Miss K. F. Docker has resigned from Lachine; Miss Joan MacKenzie has resigned from the Toronto staff.

OVERSEAS NURSING SISTERS ASSOCIATION

Miss Josie Cameron, secretary-treasurer of the Overseas Nursing Sisters Association of Canada, has requested the *Journal* to publish the following notice:

The members of the Overseas Nursing Sisters Association of Canada, who are attending the Biennial Meeting of the Canadian Nurses Association in Halifax, are hereby advised that the Overseas Nursing Sisters biennial meeting and luncheon will be held at the Nova Scotian Hotel on Wednesday, July 6. The visiting members will be entertained by the Nova Scotian Unit of the Overseas Nursing Sisters Association on Friday afternoon, July 8, at the Ashburn Golf and Country Club.

A Graduation Gift

OH NURSE! is the life of a nurse-in-training delightfully portrayed in humorous caricature by Merle Olive Watson, R.N. Copies may be ordered from the author at

404 Victoria Ave. N., Hamilton, Ontario

Price, $1.00 per single copy, 3 copies for $2.00 post paid.

NEWS NOTES

ALBERTA

MEDICINE HAT:

The Alumnae Association of the School of Nursing of the Medicine Hat General Hospital has elected the following officers for the coming year: President, Miss C. M. Clibborn; first vice-president, Mrs. W. A. Fraser; second vice-president, Miss M. E. Huchcroft; secretary, Mrs. W. A. Isom; treasurer, Mrs. W. J. Devlin. The committee conveners are: membership, Mrs. M. Tobin; visiting, Mrs. J. Keohane. Mrs. M. Tobin was appointed representative to the Private Duty Section and Miss A. E. Pederson to *The Canadian Nurse* and press.

BRITISH COLUMBIA

VANCOUVER:

A meeting of the Vancouver Graduate Nurses Association was held recently at St. Paul's Hospital. The programme consisted of two very interesting papers prepared by Miss Elizabeth Breeze and Miss Mabel F. Gray. Miss Breeze presented the report of the Committee on Dominion Registration and led a discussion on this subject. Miss Gray presented a progress report of the committee which is studying the Nurses Registry. A great deal of work has been done by the committee, and it was decided to co-operate with the Alumnae Associations of St. Paul's Hospital and the Vancouver General Hospital in proceeding further with this study.

Married: On March 12, 1938, Miss Moira A. McLeod (St. Luke's Hospital, Spokane) to Mr. James Cherrington.

Married: Recently, Miss Edna Elizabeth Matheson (Vancouver General Hospital) to Mr. Frank Petrie.

Married: Recently, Miss Anna Marguerite Caven (Vancouver General Hospital) to Dr. Henry G. Granat.

NELSON:

A meeting of the Nelson Graduate Nurses Association was held recently at the Kootenay Lake General Hospital, with thirty-five members present. Two new members, Miss Elsie Smith of Vancouver (Vancouver General Hospital) and Miss J. Ibbotson of Kamloops (Royal Inland Hospital) were introduced. Several films were known relating to minor surgery, pediatrics and thoracoplasty. These were presented with the assistance of Dr. T. A. Auld and Mr. J. Argyle. Members of the Medical Association were invited to attend. A social hour followed.

MANITOBA

BRANDON:

At a recent meeting of the Brandon Graduate Nurses Association it was decided that the annual dinner should be held on May 3 and the guest speaker is to be Miss R. Simpson, O.B.E., President of the Canadian Nurses Association. Nurses from outside points are to be invited to attend. All meetings for the coming year are to be held in the Nurses Residence of the General Hospital. A nominating committee was named to appoint the officers for the coming year. A social hour concluded the evening.

NEW BRUNSWICK

SAINT JOHN:

The Saint John Chapter of Registered Nurses recently held its regular meeting with Miss Margaret Murdoch, the president, in the chair. There was a large attendance. Plans for a bridge, to be held for the benefit fund, were made with Miss Belle Howe as general convener. An address on Credit Unions was given.

Miss Thelma Russel (St. J. G. H., 1935) has left for Rochester, Minn. to take a post-graduate course in surgery.

Married: On March 27, 1938, Miss Mildred Dodge (St. J. G. H., 1936) to Mr. Russel Fowler.

ST. STEPHEN:

The members of the Local Chapter of Registered Nurses of New Brunswick presented Miss Mabel McMullin with a travelling case in appreciation of her long and valued services as president of this Chapter. Miss Reta Follis of Pembroke, Ontario, has been superintendent of the Chipman Memorial Hospital since last September, replacing Miss Grace A. K. Moffat of Montreal. Miss Laura McLean has accepted a position as assistant X-ray technician on the staff of the Chipman Memorial Hospital. Miss Clara Boyd, instructress of the Chipman Memorial Hospital Training School, attended the Refresher Course recently held under the auspices of the McGill School for Graduate Nurses.

NOVA SCOTIA

HALIFAX:

Miss Marguerite Northrup has been transferred from the Halifax branch of the Victorian Order of Nurses to the New Glasgow branch. Miss Northrup took her post-graduate course in public health nursing at the McGill University School of

A. R. N. P. Q. Scholarships

The Board of Management, Association of Registered Nurses of the Province of Quebec, is pleased to announce that two scholarships of $300.00 each will be awarded this year to English and French speaking members in good standing in the Association wishing to follow post-graduate courses.

Application forms may be obtained from the office of the Association, Suite 1019, Medical Arts Building, 1538 Sherbrooke St. W., Montreal, and should be returned completed before June 1, 1938.

Montreal General Hospital Scholarship

The Alumnae Association of the Montreal General Hospital School for Nurses offers a scholarship of $300.00 to a member of the Association, to assist her in undertaking, during the Session 1938-39, any of the regular courses given in the School of Nursing, McGill University, Montreal. The courses include: Teaching and Supervision in Schools of Nursing; Administration in Hospitals and Schools of Nursing; Public Health Nursing; Administration and Supervision in Public Health Nursing.

For further information, and the necessary forms, please apply to Miss Mary S. Mathewson, Montreal General Hospital. Completed applications should be returned not later than June 15, 1938.

Nursing. Miss Mary Guadet (C.G.H., P. E. I.) has resigned from the Halifax branch of the Victorian Order of Nurses to be married. Miss Eleanor Grew (H. S. C., Toronto) has resigned as instructor of nurses at the Halifax Children's Hospital. She is succeeded by Miss Jessie McCann (H.C.H.). Miss McCann recently took a post-graduate course at the McGill University School of Nursing. Miss Elsie Ogilvie (V.G.H.) and Miss Jean MacIsaac (V.G.H.) are taking post-graduate courses at the Montreal Neurological Institute.

ONTARIO

District 1

SARNIA:

A reorganization meeting of the Study Club was held recently at the home of Miss Eileen Hunt. It was decided that it should continue to hold its meetings in the homes of the members. Twenty-five nurses from the district of Sarnia attended the annual meeting of District 1, R. N. A. O., in London.

Married: Recently, Miss Edna McKenzie to Mr. Harry Whittmore.

Married: Recently, Miss Florence Arnold to Mr. Kenneth Fraser.

Districts 2 and 3

BRANTFORD:

Miss Kate Charnley of the Brantford General Hospital staff sailed for home recently after spending a vacation with her sister at Christchurch, New Zealand. The Florence Nightingale Club was entertained recently when the members of the Alumnae Association of the Brantford General Hospital acted as hostesses. Miss Dorothy Herson, (B. G. H.) has accepted a position in St. Joseph's Hospital, at Phoenix, Arizona.

GUELPH:

The Alumnae Association of the School of Nursing of the Guelph General Hospital has been greatly privileged in enjoyed lectures of outstanding merit. Professor W. H. Sproule, head of the Dairy Department of the Ontario Agriculture College, recently gave an instructive illustrated talk on milk, its value in the diet, and the procedures in making it safe for general consumption. Dr. F. H. C. Baugh, of the staff of the Homewood Sanitorium, gave an excellent address on the symptoms and manifestations of mental illness. The student

nurses were invited to attend these lectures.

A charming tea took place recently sponsored by the Alumnae Association. Over two hundred guests were received by Miss Campbell, superintendent of the Hospital, and Miss L. Ferguson, president of the Alumnae Association. A substantial sum was realized which will be devoted to various activities of the Association. The penny sale which was conducted by Mr. W. J. Fairweather and Miss M. Dent was very popular.

GUELPH:

The regular meeting of St. Joseph's Hospital Alumnae Association was held recently with a good attendance. Miss Kay Bolger, president of the Association, was chosen as a delegate to attend the Registered Nurses Association of Ontario convention in Kingston. Dr. L. A. Loree was guest speaker, taking as his topic prenatal care.

DISTRICT 4

ST. CATHARINES:

The March meeting of the Public Health Group, Registered Nurses Association of Ontario, District 4, Niagara Peninsula, took place at St. Catharines, with members present from Welland, Niagara Falls and Beamsville. Miss Comfort, of the Niagara Peninsula Sanatorium Staff, gave an interesting account of the refresher course given at Toronto University School of Nursing on "Records". A dinner meeting was held on April 4 by the same group at St. Catharines. Mrs. A. R. Lindsay was the guest of honour, and out-of-town guests came from Thorold, Welland and Niagara Falls. Miss Anna Oram of Welland presided. Dr. A. R. Lindsay was the speaker and his subject "Problems of Children" proved most instructive and interesting. The last meeting of this group for the season will be held on May 9.

DISTRICT 5

TORONTO:

District Five, Registered Nurses Association of Ontario, held a special meeting to discuss Dominion Registration, on April 1, at the Toronto General Hospital. Approximately eighty members were present. Miss Irene Weirs, district chairman, presided, and Miss Mary Millman led the discussion, assisted by Miss Jean Gunn and Sister St. Albert. Each clause of the revised report was carefully dealt with, and the meaning of the various terms explained. Ample op-

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Hamilton General Hospital

The Golden Jubilee of the School of Nursing of the Hamilton General Hospital will take place in June, 1940. Will all graduates of this School kindly send their present addresses (and those of their classmates) to the Secretary of the Alumnae Association, in care of the Training School Office,

Hamilton General Hospital
HAMILTON, ONT.

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Director Of Nursing
Children's Memorial Hospital
Montreal.

portunity was given for discussion, after which Miss Weirs voiced the sincere appreciation of the members of District Five for the time and effort so generously given by members of the committee on Dominion Registration in directing the study of this important matter.

TORONTO:

At a gathering at the residence of the Hospital for Sick Children, Toronto, presentations were made to Miss Norena Mackenzie, newly appointed superintendent of nurses at the Jeffrey Hale's Hospital, Quebec; to Miss Marjorie Rossiter, who has resigned as head nurse of the medical floor; to Miss Frances Crawford, head nurse of the infectious ward and to Miss Dorothy Tindale, head dietitian, who are resigning to be married.

Miss Jean Beallie (H. S. C., 1937) is now on the staff of the Toronto Hospital for Consumptives, Weston. Miss Jessie Murdoch is doing private duty nursing in England. Miss Helen Clayton has been appointed head nurse of the infectious ward.

Married: Recently, Miss Jean Beaton (H. S. C., 1925) to Mr. Walter Reiber.

Married: Recently, Miss E. E. Hugill (H. S. C., 1937) to Mr. Donald Steel.

Married: Recently, Miss Greta Fenton (H. S. C., 1937) to Mr. Clarence Parker.

TORONTO:

The Grant Macdonald Alumnae Association recently held a reunion dinner which was followed by a reception in honour of Miss Pearl L. Morrison, Reg. N., F. B. C. N., superintendent of the Toronto Hospital for Incurables. The visitors numbered about sixty and included several nurses who graduated as far back as 1908 as well as those who graduated as recently as 1934, when the training school was discontinued. Greetings to Miss Morrison were brought by a representative of each class and good wishes were received from graduates of the school from Montreal and New York as well as such distant places as Labrador, Jamaica, China, South Africa and London, England. The toast to Miss Morrison was given by Miss Weeks, president of the Alumnae Association and Miss Ivy Ostic's toast to the staff was responded to by Miss Ida Groat, secretary-treasurer of the Hospital. Miss E. Lawson was the convener of the committee on arrangements and was assisted by Miss Phyllis Lawrence, Miss Isabel Lucas and Miss Dorothy Whetstone.

TORONTO:

The Alumnae Association of the School of Nursing of St. Michael's Hospital has

elected the following officers for the coming year: Honorary president, Reverend Sister Norine; honorary vice-president, Reverend Sister Jeanne; president, Miss Helen Hyland; first vice-president, Miss K. Grogan; second vice-president, Miss H. Kerr; third vice-president, Miss C. Bond; treasurer, Miss M. Pilon; assistant treasurer, Miss C. Cronin; corresponding secretary, Miss A. McNamara, 119 Wellesley Crescent; recording secretary, Miss M. Foreman. Miss M. Solheld, Miss M. Brennan, Miss M. Berger and Miss M. Hughes were appointed councillors. Miss E. Van Lane was elected editor and Miss Peg McDonald, press representative. The representatives to the Registry are Miss R. Grogan and Miss A. Romano; to the public health section, Miss H. Cronin; to the nursing education section; Miss M. McDonell.

District 6

COBOURG:

A meeting of Chapter B., District 6, Registered Nurses Association of Ontario, was held recently at the Ontario Hospital, Cobourg, with Miss Polson presiding. The attendance was thirty-seven. Letters were read regarding the Christian Student Movement, the revised report of Dominion Registration, the Nursing Service Bureau, the Permanent Education Fund and Red Cross Enrolment. Miss Shaw, superintendent of nurses in the Ontario Hospital, gave a most instructive paper on mental nursing, after which a demonstration was given by two of the graduates of the hospital staff. A social hour followed.

District 7

BROCKVILLE:

The Alumnae Association, staff and student nurses of the Brockville General Hospital recently met to commemorate the birth of Florence Nightingale. Misses Barnes, Saunders and Ormerod, all of whom are student nurses, read papers prepared under the supervision of Miss Gertrude Gibson, instructress of nurses, dealing with nursing in the pre-Christian era, the transportation of Modern nursing into Canada and the United States, and the life of Florence Nightingale. These were all very interesting and were illustrated by the use of lantern slides. The Alumnae Association voted a contribution of ten dollars to the Florence Nightingale Memorial Fund. An enjoyable social hour followed.

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Province of Ontario

EXAMINATION
ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held in May.

Application forms, information regarding subjects of examination and general information relating thereto, may be had upon written application to

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District 8

Ottawa:

The Nursing Education Section of District 8, Registered Nurses Association of Ontario, held its first meeting of the year under the chairmanship of Sister Madeleine de Jésus, of the Ottawa General Hospital. Very interesting were the reports of the Refresher Course recently held in Montreal. The meeting was well attended and an active and worth while year is anticipated.

The Public Health Section of District 8 held a very successful meeting recently. Dr. J. J. Heagarty, of the Department of Pensions and National Health, gave an excellent paper entitled "A present day picture of public health in Canada."

The first meeting of the year of the Private Duty Section was recently held at the King's Daughters Guild. An address on the newer medicines was given by Dr. J. E. Plunkett and was followed by a most interesting and stimulating discussion.

Ottawa:

Miss Mildred Arnold (Ottawa Civic Hospital, 1933) has recently been appointed to the staff of the Niagara Falls General Hospital, Niagara Falls, Ontario, as supervisor of the obstetrical department.

Miss Hilda Elliott (Ottawa Civic Hospital, 1931) is taking a post-graduate course at the Royal Victoria Montreal Maternity Hospital.

District 9

New Liskeard:

A further survey of the non-hospitalized sick in Ontario has just been carried on in District 9, Registered Nurses Association of Ontario, and 260 questionnaires have been sent out. This was done through the co-operation of the nurses who called on individual doctors, and by means of questionnaires which were sent to doctors in districts where there are no nurses to give assistance.

Miss E. MacP. Dickson spent ten days in District 9 and spoke at the six Chapter meetings explaining the revised Report on Dominion Registration of Nurses in Canada. The meetings took the form of dinner and supper meetings, which were well attended and much interest displayed. The District is deeply indebted to Miss Dickson and to the Provincial Association for arranging the itinerary and for the financial assistance given.

Mrs. North, formerly public health nurse in Cochrane, has accepted the position of tuberculosis nurse in Kirkland Lake. Miss Waldron, formerly Victorian Order Nurse in Cobalt, has been appointed public health nurse in Cochrane.

QUEBEC

Montreal:

The Alumnae Association of St. Mary's Hospital has elected the following officers for the coming year: President, Mrs. Kelsch; vice-president, Miss Kee; secretaries, Miss Robellard and Miss Sullivan; treasurer, Miss Martin. The members of committees are as follows: entertainment, Miss Quinn, Miss Preston, and Miss M. E. MacDonald;

visiting, Miss Morris, Miss Kane, and Miss Carrol; press committee, Miss Garing and Miss M. J. Morris.

MONTREAL:

In the March issue of *The Canadian Nurse* among other items from the Montreal General Hospital, the president of the Alumnae Association, Miss Mary Mathewson, has brought to our attention that in two years time the fiftieth anniversary of the founding of the School for Nurses will take place. It is earnestly desired that all graduates of the School will communicate with Miss Strumm, in care of the Training School Office, giving their addresses and other information of interest in this coming celebration.

Married: On April 9, 1932, Miss Ina M. Harvie (M.G.H., 1937) to Mr. J. Alvah Johnston.

MONTREAL:

Miss Bridges, of St. Thomas's Hospital, London, was recently a guest of the School of Nursing of the Royal Victoria Hospital. Miss Bridges is studying the nursing situation in Canada under the auspices of the Rockefeller Foundation.

Miss Thelma MacKenzie (R. V. H., 1932) has been appointed to the staff of the teaching department of the School of Nursing of the Royal Victoria Hospital and Miss Margaret Cogswell, B.A., (R. V. H., 1937) succeeds her as head nurse of the men's medical ward. Miss Margaret Heeney (R. V. H.,) who has been head nurse of the paediatric ward, has accepted a staff position at the hospital in Trail, B. C., Miss Grace Vanderwater (R. V. H.) is replacing her. Miss Charlotte Foster (R. V. H., 1936) has been appointed assistant night supervisor in the Ross Pavilion.

MONTREAL:

Married: Recently, Miss E. MacRae, (Homeopathic Hospital), to Dr. R. Cox.

QUEBEC:

Miss N. Mackenzie (M. G. H.) has accepted a position as Lady Superintendent of Jeffrey Hale's Hospital. Miss Belyea and Miss Astle (J. H. H., 1938) are taking post-graduate courses in obstetrics at the Royal Victoria Hospital. Miss Matheson and Miss D'Aubin are taking post-graduate courses at the Laurentian Sanatorium, St. Agathe. Miss Burgess has accepted a position on the staff of The Children's Memorial Hospital, Montreal. The Alumnae Association recently gave a bridge party in aid of the Sick Benefit Fund.

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A BLIND MAN'S PRAYER

I did not know, Oh! God, I did not know
The risks I took. I had so lately come
To this new land, and only sought to scare
The prairie wolf whose howls had chilled my blood
Those darksome nights, as from the mine I turned
By unfamiliar paths to that small shack
I shared with other men of my own race.
I had left all behind, wife, children, all
The dear familiar things of my old home.
The sunny skies, the vineyards, and green fields,
Gardens, and olive-trees—and poverty!
This place is not so fair, a mining town
Shut in by rocky hills, dark woods, and snow,
So cold on wintry days. But there was work
And pay, and so new hope that I could bring
My dear ones to the home which I should build.
But now all things are changed and I am doomed
Never to see the face of wife or child,
Never again to work with pick or spade,
Never to go, like others, for my pay,
That stick of dynamite has ended all!
I must live on but never more shall see.
Have pity God, for I were better dead!
Yes, better dead it seems, yet live I must,
And living learn to serve with these maimed hands
My own and others' needs; then hear me now
And in Thy great compassion give me peace.
Here where I sit and think of all the past
And of the future which now seems so dark,
The sunlight falls on me, the sweet Spring air
Brings healing to these wounded hands and eyes,
And I can dwell on thoughts of those I love.
They tell me trees will soon be green, and flowers
Will grow among these hills. I have not seen
This land in summer time, but in my dreams
I see my own dear land where Spring has come
And all is bright and fair. The children play
For they are happy still, but she, my wife
Stands in our cottage doorway while she calls
"Come home, my man, or I must come to you."
And though from dreams of home or happier days
I wake again to blindness and despair,
The desperate mood born of my loss has passed.
I *will* live on, and trust that there is yet
A place for me, and somehow I shall learn
To earn my bread in ways I have not known.
Oh! let hope grow again that for their sakes,
My wife, my children, I may yet be strong.

Marion E. Moodie

OBITUARY

BELLAMY—

On April 1, 1938 the death occurred, after a lengthy illness, of Mrs. Dorothy (Fripp) Bellamy. Mrs. Bellamy was a graduate of the School of Nursing of St. Paul's Hospital, Vancouver, B. C.

FORREST—

The death occurred recently of Miss Ethel Forrest, a graduate of the School of Nursing of the Jeffrey Hale's Hospital, Quebec. The sympathy of the Alumnae Association is extended to her relatives.

Official Directory

International Council of Nurses
Executive Secretary, Miss Anna Schwarzenberg, 51 Palace Street, London, S.W.1., England.

CANADIAN NURSES ASSOCIATION

Officers

President ..... Miss R. M. Simpson, Parliament Buildings, Regina, Sask.
First Vice-President ..... Miss G. M. Fairley, General Hospital, Vancouver, B.C.
Second Vice-President ..... Miss M. L. Moag, 1246 Bishop Street, Montreal, P.Q.
Honorary Secretary ..... Miss E. J. Wilson, 592 Henderson Highway, Winnipeg, Man.
Honorary Treasurer ..... Miss M. Murdoch, General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: **(1)** ***President, Provincial Nurses Association;***
(2) ***Chairman, Nursing Education Section;*** **(3)** ***Chairman, Public Health Section;***
(4) ***Chairman, Private Duty Section.***

Alberta: (1) Miss Kate S. Brighty, Administration Building, Edmonton; (2) Miss H. S. Peters, University Hospital, Edmonton; (3) Miss R. Chittick, Normal School, Calgary; (4) Mrs. M. Tobin, 385-4th Street, Medicine Hat.

British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. Cavers, Vancouver General Hospital; (3) Miss M. Kerr, Eburne; (4) Miss M. Teulon, 4237 Granville St., Vancouver.

Manitoba: (1) Miss Edith McDowell, Nurses Residence, General Hospital, Winnipeg; (2) Miss F. Roach, St. Boniface Hospital, St. Boniface; (3) Miss A. McKee, 604 Medical Arts Building, Winnipeg; (4) Miss T. Greville, 797 Broadway, Winnipeg.

New Brunswick: (1) Mrs. G. E. Van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Kathleen Lawson, 84 Wright St., Saint John.

Nova Scotia: (1) Miss Marion Haliburton, 40 South St., Halifax; (2) Miss Eleanor Grew, Children's Hospital, Halifax; (3) Miss A. Slattery, Windsor; (4) Miss Anna Brennan, 53 Pine St., Dartmouth.

Ontario: (1) Miss E. Cryderman, 281 Sherbourne St., Toronto; (2) Miss R. M. Beamish, General and Marine Hospital, Owen Sound; (3) Miss M. Walker, Institute of Public Health, London; (4) Miss Madalene Baker, 249 Victoria St., London.

Prince Edward Island: (1) Sr. Stanislaus, Charlottetown Hospital, Charlottetown; (2) Miss Anna Mair, P. E. I. Hospital, Charlottetown; (3) Miss Ina Gillan, 277 Kent St., Charlottetown; (4) Miss G. MacGuigan, Charlottetown Hospital, Charlottetown.

Quebec: (1) Miss M. L. Moag, 1246 Bishop Street, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss A. Peverley, 2090 Claremont Ave., Apt. 46, Montreal; (4) To be appointed.

Saskatchewan: (1) Miss A. F. Lawrie, Regina General Hospital, Regina; (2) Miss Edith Amas, City Hospital, Saskatoon; (3) Miss Ann Morton, Weyburn; (4) Miss Helen Jolly, 1301 15th. Ave., Regina.

CHAIRMEN, NATIONAL SECTIONS

NURSING EDUCATION: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal. PUBLIC HEALTH: Miss A. E. Wells, Dept. of Health, 655 Portage Ave., Winnipeg. PRIVATE DUTY: Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

NURSING EDUCATION SECTION

CHAIRMAN: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal; VICE-CHAIRMAN: Miss E. Amas, City Hospital, Saskatoon; SECRETARY: Miss E. F. Upton, Ste. 1019 Medical Arts Bldg., Montreal; TREASURER: Miss A. J. MacLeod, University Hospital, Edmonton, Alta.

COUNCILLORS: **Alberta:** Miss H. S. Peters, University Hospital, Edmonton. **British Columbia:** Miss A. Cavers, Vancouver General Hospital. **Manitoba:** Miss F. Roach, St. Boniface Hospital, St. Boniface. **New Brunswick:** Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton. **Nova Scotia:** Miss Eleanor Grew, Children's Hospital, Halifax. **Ontario:** Miss R. M. Beamish, General and Marine Hospital, Owen Sound. **Prince Edward Island:** Miss Anna Mair, P. E. I. Hospital, Charlottetown. **Quebec:** Miss M. Batson, The Montreal General Hospital, Montreal. **Saskatchewan:** Miss E. Amas, City Hospital, Saskatoon.

PRIVATE DUTY SECTION

CHAIRMAN: Miss J. L. Church, 120 Strathcona Ave., Ottawa; FIRST VICE-CHAIRMAN: Miss K. B. MacCallum, 181 Enfield Crescent, Norwood, Man.; SECOND VICE-CHAIRMAN: Miss Helen Cameron, 2165 Lincoln Ave., Apt. 8, Montreal. SECRETARY-TREASURER: Miss Mary Ingram, Royal Ottawa Sanatorium, Ottawa.

COUNCILLORS: **Alberta:** Mrs. M. Tobin, 385-4th St., Medicine Hat. **British Columbia:** Miss M. Teulon, 4237 Granville St., Vancouver. **Manitoba:** Miss T. Greville, 797 Broadway Ave., Winnipeg. **New Brunswick:** Miss K. Lawson, 84 Wright St., Saint John. **Nova Scotia:** Miss Anna Brenan, 53 Pine St., Dartmouth. **Ontario:** Miss Madalene Baker, 249 Victoria St., London. **Prince Edward Island:** Miss G. MacGuigan, Charlottetown **Quebec:** To be appointed. **Saskatchewan:** Miss Helen Jolly, 1301 15th Ave., Regina.

PUBLIC HEALTH SECTION

CHAIRMAN: Miss A. E. Wells, Dept. of Health, 655 Portage Ave., Winnipeg; VICE-CHAIRMAN: Miss M. Kerr, Eburne; SECRETARY-TREASURER: Miss Isabel McDiarmid, 363 Langside St., Winnipeg.

COUNCILLORS: **Alberta:** Miss R. Chittick, Normal School, Calgary. **British Columbia:** Miss M. Kerr, Eburne. **Manitoba:** Miss A. McKee, 604 Medical Arts Bldg., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss A. Slattery, Windsor. **Ontario:** Miss M. Walker, Institute of Public Health, London. **Prince Edward Island:** Miss Ina Gillan, 277 Kent St., Charlottetown. **Quebec:** Miss A. Peverley, 2090 Claremont Ave., Apt. 46, Montreal. **Saskatchewan:** Miss Ann Morton, Weyburn.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss Kate S. Brighty, Administration Building, Edmonton; First Vice-President, Sister Mansfield, Holy Cross Hospital, Calgary; Second Vice-President, Miss Margaret S. Fraser, Royal Alexandra Hospital, Edmonton; Secretary-Treasurer-Registrar, Mrs. A. E. Vango, 11109-83 Ave., Edmonton; *Chairmen of Sections*: *Nursing Education*, Miss Helen S. Peters, University Hospital, Edmonton; *Public Health*, Miss R. Chittick, Normal School, Calgary; *Private Duty*, Mrs. M. Tobin, 385-4th St., Medicine Hat.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss G. M. Fairley, Vancouver General Hospital; First Vice-President, Miss E. G. Breeze; Second Vice-President, Miss M. Duffield; Secretary, Miss F. Walker, 520 Vancouver Block, Vancouver; Registrar, Miss Helen Randal, 520 Vancouver Block, Vancouver; *Councillors*: Miss E. Clarke, New Westminster; Miss L. Mitchell, Victoria; Miss Helen Randal, Miss K. I. Sanderson, Vancouver; Sister Mary Beatrice, Victoria; *Conveners of Sections*: *Nursing Education*, Miss A. Cavers, Vancouver General Hospital; *Public Health*, Miss M. E. Kerr, Eburne; *Private Duty*, Miss M. Teulon, Vancouver.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss E. McDowell; First Vice-President, Miss E. Russell; Second Vice-President, Rev. Sister St. Irma; Third Vice-President, Miss D. Muir; Hon. Secretary, Miss Lynette Gunn; *Members of Board*: Miss T. Wiggins, Winnipeg General Hospital, Miss D. Muir, Brandon Mental Hospital, Sister St. Irma, St. Joseph's Hospital, Winnipeg; Miss C. Day, Children's Hospital, Winnipeg, Miss J. Morrison, 122 Ethelbert St., Winnipeg, Miss J. Archibald, Shriners' Hospital, Winnipeg, Miss M. Wilkins, 753 Wolseley Ave., Winnipeg, Rev. Sister Clermont, St. Boniface Hospital, Miss Alice Laporte, St. Boniface Health Unit, Miss L. Gunn, 604 Medical Arts Bldg., Winnipeg, Miss F. Rowell, Dauphin, Miss F. Roach, St. Boniface; *Conveners of Sections*: *Nursing Education*, Miss F. Roach, St. Boniface Hospital, St. Boniface; *Public Health*, Miss A. McKee, 604 Medical Arts Bldg., Winnipeg; *Private Duty*, Miss T. Greville, 797 Broadway, Winnipeg; *Conveners of Committees*: *Social*, Miss K. McLearn, Shriners' Hospital, *Visiting*, Miss M. Baldwin, Grace Hospital; *Press*, Miss E. Margarson, 107 Smithfield Ave., Winnipeg; *Membership*, Miss K. McCallun, 181 Enfield Crescent, Winnipeg; *Library*, Miss Elsie Wilson, 668 Bannatyne Ave., Winnipeg; *Finance*, Miss R. Dickie, 103 Chestnut St., Winnipeg; *Nightingale Memorial Foundation*, Miss R. Dickie; *Representative to*: *The Canadian Nurse*, Miss Pearl Brownell, 215 Chestnut St., Winnipeg; Secretary-treasurer, Miss Gertrude Hall, 214 Balmoral St., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Mrs. G. E. van Dorsser, Health Centre, Saint John; First Vice-President, Miss A. J. MacMaster; Second Vice-Pres., Mrs. A. Woodcock; Hon. Sec., Sister Kenny; *Councillors*: Miss F. Breau, Moncton; Miss Hadrill, Newcastle; Miss E. Brown, Fredericton; Miss McMullen and Miss Boyd, St. Stephen; Miss M. Myers, Saint John; Miss Tulloch, Woodstock; Secretary-Treasurer-Registrar, Miss M. E. Retallick, 262 Charlotte St., West Saint John; *Conveners of Sections*: *Nursing Education*, Sister Kerr; *Private Duty*, Miss K. Lawson; *Public Health*, Miss A. Burns; *Conveners of Committees*: *Legislation*, Miss H. Dykeman; *Representative to The Canadian Nurse*, Miss L. Smith.

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Registered Nurses Association of Nova Scotia

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nard, M. Meggitt, M. McCorkindale, Mrs. K. Cowie; *Conveners: Nursing Education*, Miss P. Bluett; *Public Health*, Miss A. Fennell; *Private Duty*, Mrs. Elizabeth Sebire.

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Chairman, Miss Irene Weirs; Vice-Chairman, Miss L. Gamble; Secretary-Treasurer, Miss K. McNamara, 48 Spruce Court, Spruce and Sumach; *Councillors*: Misses F. Matthews, M. Quinn, A. Neill, A. Schiesele, A. Thompson, E. Moore; *Committee Conveners: Private Duty*, Miss W. Hendrikz; *Nursing Education*, Miss E. Williams; *Public Health*, Miss L. Webb.

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Chairman, Miss E. G. Young; Vice-Chairman, Miss E. Reid; Sec.-treas., Miss L. Stewart, 340 Rubidge Street, Peterborough; *Committee Conveners: Private Duty*, Miss L. Ball; *Public Health*, Miss M. Poulson; *Nursing Education*, Miss H. Collier; *Membership*, Miss E. Earshman; *Publications*, Miss E. Young.

District 7

Chairman, Miss M. F. Bliss; Vice-Chairman, Miss E. Moffatt; Sec.-treas., Miss Gertrude E. Gibson, Brockville General Hospital; *Councillors*: Misses B. Hamilton, O. Wilson, V. Manders, G. Gore, J. Guess and Miss McDermott; *Committee Conveners: Nursing Education*, Miss L. D. Acton; *Public Health*, Miss Ross; *Private Duty*, Miss A. Church; *Representative to The Canadian Nurse*, Miss B. Graham, Connell Research, Kingston.

District 8

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District 10

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PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Rev. Sister Stanislaus, Charlottetown Hospital; Vice-Pres., Miss Florence Lavers, Summerside; Treasurer and Registrar: Rev. Sister Mary Magdalen, Charlottetown Hospital, Charlottetown; *Recording Secretary*, Miss Hattie MacLaine, P. E. I. Hospital; *Conveners of Sections: Nursing Education*, Miss Anna Mair, P.E.I. Hospital; *Private Duty*, Miss G. MacGuigan, Charlottetown Hospital; *Public Health*, Miss Ina Gillan, Charlottetown.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mabel F. Hersey, Jean S. Wilson, Marion Lindeburgh, Rév. Soeur Godefroy d'Amiens, Rév. Soeur M. Gauthier, Mlle Marguerite Taschereau, President, Miss Margaret L. Moag; Vice-President (English), Miss Eileen C. Flanagan; Vice-President (French), Rév. Soeur Valérie de la Sagesse; Honorary Secretary, Mlle Suzanne Giroux; Honorary Treasurer, Miss C. M. Ferguson; *Members without Office*: Misses Mabel K. Holt, Marion E. Nash, Mlles Marie Roy, Juliette Trudel, Alice Albert; *Conveners of Sections: Private Duty* (English), to be appointed; *Private Duty* (French), Mlle Lucienne Daoust, 261-5eme avenue, Verdun; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital; *Nursing Education* (French), Rév. Soeur Marleau, Hôpital Notre-Dame, Montréal; *Public Health* (bi-lingual), Miss Ann Peverley, Department of Health, City of Westmount; *Board of Examiners*: Miss Olga V. Lilly (convener), Royal Victoria Montreal Maternity Hospital, Misses Flora Aileen George, K. L. Annesley, Katherine MacLennan, Mesdemoiselles M. Anysie Déland, Alexina Marchessault, A. Rita Guimont; Executive Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Buildings, 1538 Sherbrooke St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Annie F. Lawrie, General Hospital, Regina; First Vice-President, Miss Ann Morton, Weyburn; Second Vice-President, Rev. Sister O'Grady, St. Paul's Hospital, Saskatoon; *Councillors*: Miss Mathilda Diederichs, Grey Nuns' Hospital, Regina; Miss Christina MacDonald City Hospital, Saskatoon; *Conveners of Standing Committees: Public Health*, Miss Ann Morton, Weyburn; *Private Duty*, Miss Helen Jolly, 1301 15th Ave., Regina; *Nursing Education*, Miss Edith Amas, City Hospital, Saskatoon; Secretary-Treasurer, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, 1761 Scarth St., Regina.

Regina Registered Nurses Association

Hon. President, Miss A. Lawrie; Hon. Vice-President, Sister Tougas; President, Miss G. McDonald; First Vice-President, Miss A. Cleaver; Second Vice-President, Miss M. McGrath; *Committees: Visiting*, Miss D. Kerr; *Entertainment*, Miss H. Jolly; *Press and Rep. to The Canadian Nurse*, Miss M. Armatage; Sec., Miss K. Morton, 2114 Victoria Ave.; Registrar-Treasurer, Miss M. Armatage.

Associations of Graduate Nurses

Overseas Nursing Sisters Association of Canada

Honorary Presidents: Miss Margaret MacDonald, R.R.C., L.L.D., Matron-in-Chief; Miss Edith Rayside, R.R.C., C.B.E., M.A.Sc., Matron-in-Chief, Canada; Mrs. G. Stuart Ramsey; President, Miss Laura M. Hubley, R.R.C., Halifax, N.S.; First Vice-President, Miss Margaret MacKenzie, R.R.C.; Second Vice-President, Miss Blanche Anderson; Third Vice-President, Mrs. John Turner (N/S A. M. Blackwell); Secretary-Treasurer, Miss Josie Cameron, 3 Coburg Apts., Halifax, N. S.

ALBERTA

Calgary Association of Graduate Nurses

President, Miss F. E. C. Reid, Red Cross Hospital; First Vice-President, Miss O. Zimmerman; Second Vice-President, Mrs. Bothwell; Secretary, Miss A. Young, 923-13th Ave. W.; Treasurer, Miss Mary Watt, Anderson Apts.

Edmonton Association of Graduate Nurses

President, Miss M. Deane-Freeman, 10033-107 St.; First Vice-President, Miss Mitchell; Second Vice-President, Miss Standing; Secretary, Miss J. Davidson, Royal Alexandra Hospital; Treasurer, Mrs. Chorley, 11748-95 St.; *Executive Committee*: Miss Gavin, Miss Owen, Miss Dickson; Registrar, Miss A. Sproule, 11138-Whyte Ave.

Medicine Hat Graduate Nurses Association

President, Miss C. M. Clibborn; First Vice-Pres., Mrs. W. A. Fraser; Second Vice-Pres., Miss M. Huchcroft, Sec., Mrs. W. A. Isom, 44-8th St., N. E.; Treas., Mrs. W. J. Devlin; *Committee Conveners*: Membership, Mrs. M. Tobin; *Visiting*, Mrs. J. Keohane; *Representative*: to *Private Duty Section*, Mrs. M. Tobin; to *The Canadian Nurse*, Miss A. E. Pederson.

BRITISH COLUMBIA

Nelson Registered Nurses Association

Hon. President, Miss V. B. Eidt; President, Miss M. Ahier; First Vice-Pres., Mrs. J. G. Bennett; Second Vice-Pres., Miss E. Smith; Sec., Miss J. McVicar, 623 Mill St., Nelson; Treas., Miss N. Passmore; *Committee Conveners*: *Ways and Means*, Miss M. Patterson; *Programme*, Miss L. McVicar; *Social*, Mrs. A. M. Banks; *Private Duty*, Miss P. Gansner; *Membership*, Mrs. T. Homersham; *Visiting*, Miss S. Keeler.

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Hon. President, Miss E. Clark; President, Mrs. J. Wright; First Vice-Pres., Miss E. H. Gouldburn; Second Vice-Pres., Miss E. Gow; Sec., Miss E. Wrightman, 447 Columbia St.; Treas., Miss A. Macphail; Representative to *The Canadian Nurse*, Misses Lovering and Naven.

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President, Miss Mabel Gray, 3677-12th West; First Vice-President, Miss Olive Cotsworth, Vancouver General Hospital; Second Vice-President, Mrs. Beattie, 1oco; Secretary, Miss D. McDermott, 2525 York; Treasurer-registrar, Miss L. G. Archibald, 536-12th West; *Councillors*: Misses M. Motherwell, A. Reid, S. Gardiner, C. Cooper, K. Lee; *Committee Conveners*: *Programme*, Mrs. L. Dugdale; *Social*,, Miss H. Bartch; *Visiting*, Miss M. Wismer; *Directory*, Miss C. McKay; *Membership*, Miss J. Jamieson; *Representative*: to *The Canadian Nurse*, Miss A. Reid; to *Press*, Miss D. Stewart.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Mary Alfreda; President, Miss E. Toynbee; First Vice-President, Miss M. Mirfield; Second Vice-President, Mrs. Bothwell; Secretary, Miss H. Andrews, 2825 Prior St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee*: Misses T. Locke, F. Crampton, D. Frampton, M. Sangster, Mrs. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Honorary President, Miss Birtles, O.B.E.; Honorary Vice-President, Mrs. W. H. Shillingham; President, Miss V. Vance; First Vice-President, Miss D. Longley; Second Vice-President, Miss Clare McIntee; Secretary, Miss E. Fotheringham, 2211 Rosser Ave.; Treasurer, Mrs. D. L. Johnson; Registrar, Miss Christina Macleod, Brandon General Hospital; *Committee Conveners*: *Social*, Mrs. E. Hannah; *Visiting*, Mrs. Grant Pearson; *Representatives* to: *Private Duty Section*, Miss Pearl Finlay; *Press*, Miss M. Peacock.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clarke; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. Bell; Sec., Miss D. Gilmour; Treas., Miss H. Durant; *Committee Conveners*: *Social and Flower*, Miss M. McBride, Miss D. Cavell, Miss M. Willoughby, Miss I. McLeod, Mrs. James; *Press*, Miss M. Fraser; *Representative* to *Local Council of Women*, Miss Condie, Mrs. Bell.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss E. G. Leys, 3545 Park Avenue; First Vice-President, Miss A. Jamieson; Second Vice-President, Miss M. S. Bright; Secretary-Treasurer, Miss M. K. M. Drummond, 1230 Bishop Street; Directress of Nursing Service Bureau, Miss F. A. George; Chairman, Nursing Service Bureau, Miss E. F. Upton; Registrars, Misses E. Clark, E. Gruer, E. Young; *Convenor*, Griffintown Club, Miss G. Colley. Regular Meeting held on second Tuesday of January, first Tuesday of April, October and December.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital

Honorary President, Miss S. McDonald; Honorary Vice-President, Miss J. Connal; President, Mrs. R. Straker; First Vice-President, Mrs. C. A. Choate; Second Vice-President, Miss L. Bibby; Recording Secretary, Mrs. M. Caffery; Corresponding Secretary, Miss P. Morrish, 21 Argyle Court; Treasurer, Mrs. F. Hammill; *Press Representative*, Miss Dorothy Thomas.

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Mrs. H. Elwell; First Vice-Pres., Miss Deane-Freeman; Second Vice-Pres., Mrs. J. F. Thompson; Rec. Sec., Miss A. Henderson; Corr. Sec., Miss O. Hryvnak, Royal Alexandra Hospital; Treas., Miss L. Einarson; *Members of the Executive*: Misses Holm, G. Allyn, Fraser; *Committee Conveners*: *Visiting*, Miss I. Johnston; *Social*, Miss E. Fleming; *Programme*, Miss Sheldon; *News Letter*, Miss M. Fraser.

A.A., University of Alberta Hospital, Edmonton

Hon. President, Miss H. Peters; President, Miss A. Dickson; First Vice-Pres., Miss R. Thompson; Second Vice-Pres., Miss D. Stephenson; Rec. Sec., Miss M. Hood; Corr. Sec., Miss C. Evenden, 11148-82 Ave.; Treasurer, Miss E. Campbell, University of Alberta Hospital; *Executive Committee*: Mrs. G. Aides, Misses I. Ross, M. Loggan.

A.A., Lamont Public Hospital, Lamont

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BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

Hon. President, Miss G. Fairley; President, Miss Fyvie Young; Vice-Pres., Miss L. McCulloch; Rec. Sec., Miss M. Miller; Corr. Sec., Miss M. Barton; Treas., Miss C. Walker; *Committee Conveners*: *Visiting*, Mrs. F. Hobbs; *Social*, Miss M. Thornton; *Refreshment*, Miss C. Thomas; *Programme*, Miss A. Reid; *Representatives* to: *The Canadian Nurse*, Miss M. McPherson; *Press*, Miss G. Wallbridge; *V. G. N. A.*, Miss E. Matheson; *Mutual Benefit Association*, Miss D. Bulloch.

A.A., Royal Jubilee Hospital, Victoria

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A.A., St. Joseph's Hospital, Victoria

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MANITOBA

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